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**NORTHERN IRELAND
TUBERCULOSIS AUTHORITY**



**TWELFTH
ANNUAL REPORT**

**YEAR ENDED
31st DAY OF DECEMBER, 1957**

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NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



TWELFTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1957

*Presented to the Ministry of Health and Local Government
in accordance with Section 5 of the Public Health
(Tuberculosis) Act (Northern Ireland) 1946*

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NORTHERN IRELAND TUBERCULOSIS AUTHORITY

Telephone 27871 (3 lines)

27 Adelaide Street,
Belfast,

30th June, 1958.

The Rt. Hon. J. L. O. Andrews, M.P.,
Minister of Health and Local Government,
Stormont, Belfast.

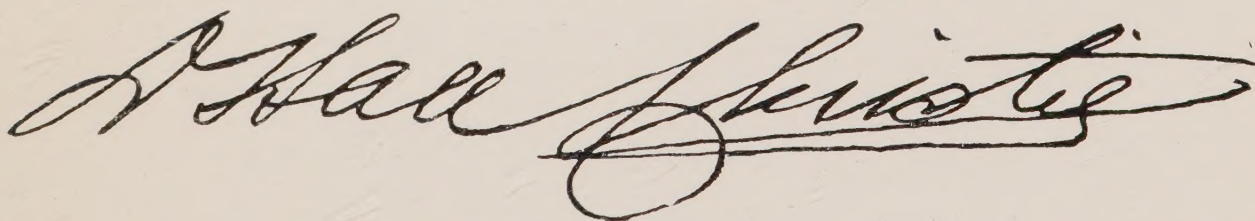
Dear Mr. Minister,

I have the honour to present the Annual Report of the Authority in respect of the year ended 31st December, 1957.

In presenting it to you, I should like to take the opportunity of acknowledging your continued personal interest in the work of the Authority and to express appreciation of the helpful assistance rendered by the officers of your Ministry during the year.

With respect, I remain,

Yours sincerely,

A handwritten signature in dark ink, reading "Alan Christie". The signature is fluid and cursive, with a large, stylized initial 'A' and a long, sweeping underline that extends across the width of the signature.

Chairman.

Northern Ireland Tuberculosis Authority

Established and Incorporated under the
Public Health (Tuberculosis) Act (Northern Ireland) 1946

MEMBERS OF AUTHORITY

Mr. D. HALL CHRISTIE, C.B.E., D.L., Co.C.
(Chairman)

Alderman A. SCOTT, J.P.
(Vice-Chairman)

Professor F. M. B. ALLEN, M.D., F.R.C.P.

Councillor Miss I. M. E. McALERY

Professor J. H. BIGGART, C.B.E., D.Sc., M.D.,
F.R.C.P.

Senator J. A. McGLADE, J.P.

Councillor R. J. BROWN, J.P.

Mr. F. J. McKINLEY, A.R.S.H.

Dr. J. C. DAVISON, B.Sc.

Mr. W. MAWHINNEY, J.P., Co.C.

Mrs. J. L. FINLAY, J.P.

Mr. A. MILLAR, O.B.E.

Councillor Major W. D. GEDDIS, J.P.

Alderman Sir SAMUEL ORR, J.P.

Mr. W. H. HURST, M.A., Co.C.

Mr. R. S. SPROULE, J.P., Co.C.

Mr. J. N. LAMONT, Co.C.

Mr. T. STEEN, Co.C.

Councillor Miss D. S. WILLIAMSON, J.P.

—:O:—

Secretary:

WILLIAM HARVEY, B.Sc. (Econ.), A.S.A.A., A.C.I.S., F.H.A.

—:O:—

HEADQUARTERS
27 ADELAIDE STREET,
BELFAST

Northern Ireland
Joint Tuberculosis Care and After-Care Committee
(N.I.T.A.—N.A.P.T.)

Chairman:

Mr. ANDREW MILLAR, O.B.E.

Vice-Chairman:

Mr. ISAAC STEWART, J.P., F.I.C.S.

Members:

Miss M. T. McALEESE, B.Com.Sc.;

Councillor Miss DOROTHY WILLIAMSON, J.P.

Officers:

Miss ANNE BROWN, S.R.N., S.C.M.
(Superintendent Health Visitor N.I.T.A.)

Capt. W. J. LONG
(Secretary, N.A.P.T.)

STATISTICAL SUMMARY 1957

Population of Northern Ireland as estimated by the Registrar-General at 30th June, 1957	.....	1,398,500
Number of deaths from respiratory tuberculosis	.....	150
Number of deaths from non-respiratory tuberculosis	.....	25
Total number of deaths from tuberculosis (all forms)	.....	175
Death rate from respiratory tuberculosis per 100,000 of the population	.....	10·72
Death rate from non-respiratory tuberculosis per 100,000 of the population	.....	1·79
Number of new cases of respiratory tuberculosis notified	.....	974
Number of new cases of non-respiratory tuberculosis notified	.....	181
Total number of new cases notified	.....	1,155
Morbidity rate per 100,000 of the population from tuberculosis (all forms)	.....	83
Number of known cases of tuberculosis at 31st December, 1957	.....	14,132
Total number of hospital beds	.....	1,413
Total number of clinic attendances	.....	71,373
Number of X-ray examinations carried out by Mass Radiography Service	117,541
Number of persons vaccinated with BCG.	25,671

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SECTION A

Northern Ireland Tuberculosis Authority

Formation

The Authority was established by the Public Health (Tuberculosis) Act (Northern Ireland), 1946, as a public authority with perpetual succession and a common seal. It was set up for the purpose of securing, in co-operation with sanitary and other local authorities, the prevention and more effective treatment of tuberculosis and kindred diseases.

Constitution

The Authority is constituted of seventeen nominated and two co-opted members. Of the former, four are nominated by the Minister of Health and Local Government, and thirteen by the several County and County Borough Councils on the following basis:—

County Borough of Belfast	.....	.....	4 members
County Borough of Londonderry	.....	.....	1 member
Counties of Antrim and Down	.....	.....	2 members each
Counties of Armagh, Fermanagh, Londonderry and Tyrone	.....	.....	1 member each

Duties

Section 2 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946, enacts that it shall be the duty of the Authority to make provision for—

- (a) The accommodation and treatment of persons suffering from tuberculosis, including their general care, their care, and if necessary their maintenance during treatment, their care after treatment, and in co-operation with any government department or other body, their industrial rehabilitation;
- (b) The discovery of cases of tuberculosis;
- (c) The prevention of tuberculosis;
- (d) The giving of advice to and the education of the public and of sufferers from tuberculosis with respect to the best means of preventing and treating the disease;
- (e) The institution of courses of instruction with regard to tuberculosis for medical students, doctors, nurses and other persons engaged in employment relating to public health duties, or the co-operation with and encouragement of other bodies in the provision of such courses;
- (f) The performance of any function transferred to or vested in it under or by virtue of the Act; and
- (g) The performance of any incidental function necessary for the making of any such provision as aforesaid.

Medical Staff

No. 1 AREA (population 701,561)

(Comprising the Union Districts of Antrim, Belfast, Ballymena, Larne and Newtownards)

Sub-Division A

Consultant Chest Physician	.....	D. W. Wallace, M.D., D.P.H.
Chest Physicians	.....	Margaret E. Dunn, M.D., D.P.H. T. R. V. Irwin, M.B., D.P.H.

Sub-Division B

Consultant Chest Physician	.....	J. Norris Whyte, M.D., D.P.H.
Chest Physicians	.....	T. C. T. McFetridge, M.D. R. A. N. McMath, M.D., D.P.H.
Assistant Chest Physician	.....	Frances M. Ramsay, M.B., D.P.H.

Sub-Division C

Consultant Chest Physician	.....	B. R. Clarke, M.C., M.D.
Chest Physicians	.....	C. F. Campbell, M.D., D.P.H. F. C. Coyne, M.B., D.P.H., D.C.H. (part time)
Principal Registrar	.....	Audrey E. Lavelle, M.B. G. G. Dallas, M.D.

Whiteabbey Hospital

Senior Medical Officer	.....	P. Steen, M.D., D.P.H.
Assistant Chest Physicians	.....	P. G. Linden, M.B. Laura Thompson, M.B., D.C.H.

No. 2 AREA (population 309,157)

(Comprising the Counties of Armagh and Down together with the Urban and Rural Districts of Lisburn, less the Union District of Newtownards, the Rural District of Castlereagh and the Urban District of Holywood)

Consultant Chest Physician	.....	S. L. W. Erskine, M.D., D.P.H.
Chest Physicians	.....	A. McQuiston, M.B., D.P.H. F. M. J. McFerran, L.R.C.S.I., L.R.C.P.I., L.M. R. F. Stronge, M.D.

Musgrave Park Hospital (Tuberculosis Section)

Senior Medical Officer	.....	Agnes J. A. Maybin, M.D.
Assistant Chest Physicians	.....	F. C. Coyne, M.B., D.P.H., D.C.H. (part-time) Sophia E. Kernohan, M.B.

No. 3 AREA (population 164,527)

(Comprising the Counties of Tyrone and Fermanagh, excluding the Union District of Strabane)

Consultant Chest Physician	.....	E. F. James, M.D., M.R.C.P.I.
Chest Physician	.....	W. T. Warmington, M.D.
Assistant Chest Physician	.....	W. A. Young, M.B.

No. 4 AREA (population 223,255)

(Comprising the County and County Borough of Londonderry together with the Union Districts of Ballycastle, Ballymoney and Strabane)

Consultant Chest Physician	.....	J. H. Moffett, O.B.E., M.D., D.P.H.
Chest Physicians	.....	C. T. B. Adams, M.B., D.P.H.
		A. W. Dickie, M.D., D.C.H. (part-time)
Principal Registrar	.....	E. W. Knox, M.B., M.R.C.P.I.
Assistant Chest Physician	.....	Doris A. McKinley, M.B.

MASS RADIOGRAPHY SERVICE

Medical Director	.....	J. Ritchie, L.R.C.S.I., L.R.C.P.I., L.M.
Medical Director of Mobile Unit No. 1		A. D. M. Hamilton, M.B., D.P.H.
Medical Director of Mobile Unit No. 2		N. J. Anderson, B.A., M.B.

PATHOLOGICAL SERVICE

Consultant Pathologist and Bacteriologist	Lilian V. Reilly, B.Sc., M.D., D.P.H.
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THE ORTHOPAEDIC HOSPITAL, GREENISLAND

Orthopaedic Surgeons (part-time)	G. W. Baker, F.R.C.S.
		B. T. Crymble, F.R.C.S.
Assistant Physician	.....	J. D. Morrow, M.B.

CRAWFORDSBURN HOSPITAL

Assistant Physician	Sheila V. Balmer, M.B.
---------------------	-------	------------------------

BCG VACCINATION SERVICE

Medical Director	.....	H. G. Calwell, B.A., M.D., D.T.M. & H. (Eng.)
Vaccinators	.....	R. Linton, B.Sc., M.B.
		Mary E. Elder, M.B.
		A. W. Dickie, M.D., D.C.H. (part-time)

VISITING CONSULTANT STAFF

Whiteabbey Hospital

Thoracic Surgeons	.....	T. B. Smiley, M.C., F.R.C.S.
		H. M. Stevenson, F.R.C.S.
Anaesthetists	.....	J. E. Reid, F.F.A.R.C.S.
		W. R. Gilmore, F.F.A.R.C.S.
Ear, Nose and Throat Specialist	.....	Kennedy Hunter, F.R.C.S., D.L.O.

Londonderry Chest Hospital

Ear, Nose and Throat Specialist	S. E. Bolton, M.B.
---------------------------------	-------	--------------------

Crawfordsburn Hospital

Ear, Nose and Throat Specialist	H. Aitken, F.R.C.S.
---------------------------------	-------	---------------------

VISITING DENTAL SURGEONS

Whiteabbey Hospital	.....	.....	M. T. Ferguson, L.D.S.
Londonderry Chest Hospital	.....	.....	Olive Gordon, L.D.S.
Dungannon Chest Hospital	.....	.....	T. E. Alexander, M.D.S.
Crawfordsburn Hospital	.....	.....	N. R. Elwis, B.D.S.
The Orthopaedic Hospital	.....	.....	S. S. Barnett, L.D.S.

HOSPITAL MATRONS

Crawfordsburn Hospital	.....	.....	Miss A. Porter, S.R.N., S.C.M.
Dungannon Chest Hospital	.....	.....	Miss A. Ferguson, S.R.N., S.C.M.
Killadeas Hospital	.....	.....	Miss V. G. King, S.R.N., S.C.M., T.A.
Moirs Chest Hospital	.....	.....	Miss M. Martin, S.R.N., C.M.B.
The Orthopaedic Hospital	.....	.....	Miss D. Melville, M.B.E., S.R.N., S.R.C.N., M.S.R.
Londonderry Chest Hospital	.....	.....	Miss D. Hill, S.R.N., S.C.M., R.F.N.
Whiteabbey Hospital	.....	.....	Miss D. A. Paton, S.R.N., S.C.M., M.D.T.

AREA CHIEF EXECUTIVE OFFICERS

No. 1 Area (Hospital Service)	.....	.....	C. R. Duff, B.Com.Sc., A.R.I.P.H.H., A.H.A.
No. 1 Area (Clinic Services)	.....	.....	A. D. Cuthbertson, F.C.I.S.
No. 2 Area	.....	.....	T. A. Parkhill
No. 3 Area	.....	.....	A. R. Lynch
No. 4 Area	.....	.....	R. McKay, B.Sc. (Econ.)

HEADQUARTERS ADMINISTRATIVE STAFF

Assistant Secretary	.....	.....	A. J. Gowdy, B.Com.Sc.
Accountant	.....	.....	J. N. Bailie, A.C.A.
Purchasing Officer	.....	.....	R. C. E. Woods, M.P.O.A.
Administrative Officer	.....	.....	W. R. Kelly, M.I.H., A.H.A.
Maintenance Surveyor	.....	.....	S. B. Hamilton
Superintendent Health Visitor	.....	.....	Miss A. Brown, S.R.N., S.C.M., H.V. Cert., Q.I.D.N.

SECTION B

Northern Ireland Tuberculosis Authority

TWELFTH ANNUAL REPORT

MEETINGS OF THE AUTHORITY AND STANDING COMMITTEES

The undernoted Meetings of the Authority and Standing Committees were held during the year—

Authority	16
Finance Committee	14
Welfare Committee	11
General Purposes Committee	12

The Hospital Visiting Committees carried out periodic inspections of the hospitals in their respective areas and met on 29 occasions.

In pursuance of Section 18(2) of the Education Act (Northern Ireland), 1947, Management Committees were constituted for the special schools attached to the hospitals at Whiteabbey, Greenisland and Crawfordsburn. The membership of these Committees is identical to that of the Visiting Committees for each of the hospitals concerned. The number of Meetings of School Management Committees which took place during the year was three.

The Committee appointed to advise the Authority on matters relating to medical policy held 7 meetings during the year and submitted various recommendations to the Authority for consideration.

HOSPITAL SERVICE

Most of the changes in bed provision mentioned in the preceding year's report were carried into effect during the year. As a result of the opening of Moira Chest Hospital in the month of April, 1957, the hospitals at Downpatrick and Armagh were vacated and transferred to the Northern Ireland Hospitals Authority for the accommodation of other types of patients. The tuberculosis wards at the Belfast City Hospital were surrendered whilst a number of beds was vacated at Musgrave Park Hospital and arrangements made for a further block of beds at this hospital to be handed over for general hospital purposes in the Spring of 1958.

The work in connection with the provision of staff cloakrooms, gate lodge and new entrance at Londonderry Chest Hospital was commenced during the year. The progress of the contract works has been reasonably satisfactory and it is expected that the scheme will be completed towards the end of next year. The provision of floor coverings for the corridors of this hospital at a cost of £4,450 has been approved by the Ministry of Health and Local Government and arrangements are shortly to be made for the placing of the contract for this work. The need for improving the standard of the ward toilet accommodation, and the provision of ancillary rooms and a central store at Londonderry Chest Hospital is recognised and a comprehensive scheme of improvements to be carried out over the next 4 to 5 years has been formulated by the Authority. It is hoped that the work on Phase I of the scheme, in-

volving the ward toilet accommodation, will be commenced during the incoming year.

At Whiteabbey Hospital the work entailed in the alterations and improvements to Ward 6 and the modernisation of the main kitchen including the installation of a ventilating system was completed during 1957. The scheme for the renovation and alteration of the main hospital block has not yet been put in hand owing to circumstances over which the Authority has no control. The difficulties have since been resolved and it is confidently anticipated that the detailed plans will become available in the near future.

In view of the changes in the types of patient now being treated at the Orthopaedic Hospital, Greenisland, the proposals for the erection of a physio-therapist block and operating theatre there have been deferred pending clarification of the future user of this hospital.

The plans for the provision of single bedded cubicles and the sub-division of the wards at Dungannon Chest Hospital were approved by the Ministry of Health and Local Government on 12th December, 1957, and the work, which will be carried out by the hospital maintenance staff, is expected to commence shortly.

A number of minor improvements was completed at the various hospitals during the year including, inter alia, the provision of a pram store and drying cupboards at Crawfordsburn Hospital, the tiling of the main kitchen at Dungannon Chest Hospital and the carrying out of alterations to the dark room at Londonderry Chest Hospital.

The total number of beds available for the treatment of all forms of tuberculosis at the 31st December, 1957, stood at 1,413, which is a reduction of 139 as compared with the total at the corresponding date in the preceding year. This reduction has been effected principally through the release of tuberculosis beds at hospitals vested in the Hospitals Authority and reflects the more favourable trends in tuberculosis mortality and morbidity rates which have become evident over the past two or three years.

The distribution of beds is set out in the following table:—

Name of Hospital	Respiratory		Non-respiratory		Total
	Adults	Children	Adults	Children	
Crawfordsburn Hospital	—	100	—	—	100
Dungannon Chest Hospital	71	—	—	—	71
Killadeas Hospital	33	—	—	—	33
Londonderry Chest Hospital	197	—	—	—	197
Moirs Chest Hospital	82	—	—	—	82
The Orthopaedic Hospital	—	—	—	100	100
Whiteabbey Hospital	321	33	—	—	354
Total beds in N.I.T.A. Hospitals	704	133	—	100	937
Forster Green Hospital	206	—	—	—	206
Musgrave Park Hospital	232	—	23	7	262
Other General Hospitals	1	—	—	7	8
Total beds in N.I.H.A. Hospitals	439	—	23	14	476
TOTAL OVERALL	1,143	133	23	114	1,413

CLINIC SERVICE

There was no material change in the pattern of the clinic service during the year 1957. The total number of chest clinics in the Province is 28 of which 22 are located at general or tuberculosis hospitals, the others being accommodated in premises specially adapted for the purpose. During the year under review renovations and alterations were carried out to the Ballymena Chest Clinic premises.

In furtherance of the policy of the Authority to provide miniature X-ray facilities at chest clinics throughout the Province, two 100 m.m. Odelca Camera Units were ordered from Messrs. Watson & Sons (Electro-Medical) Ltd., in the month of May. These units have been installed in the chest clinics in Belfast and Londonderry and, in consequence, it is anticipated that there will be a general acceleration of the rate of flow of patients and contacts through the X-ray departments at the clinics concerned.

The report of the Special Sub-Committee set up to review the existing clinic organisation was submitted to the Authority on 6th August, 1957, but in view of possible changes in the future development of chest medicine in the Province the decision was reached that implementation of the recommendations contained in the report should be deferred.

The attendances at clinics during the year 1957 are dealt with in a later section of the report.

HEADQUARTERS PREMISES

The contractors employed to undertake the alterations and additions to the Authority's premises in Adelaide Street, Belfast, commenced operations in the month of May. These works comprise the reinstatement of the war damaged fifth floor, the provision of a boardroom, main entrance and ancillary rooms as well as the general renovation and modification of the remainder of the building. Substantial progress has already been made on the contract works and it is likely that the scheme of development will be completed by the Autumn of 1958.

MASS RADIOGRAPHY SERVICE

The total number of mass X-ray examinations carried out during the year 1957 was 117,541.

The special sessions set aside at the static centre in Belfast for the examination of persons referred by general medical practitioners continued to be well attended. In the course of the year 10,406 persons were examined of whom 438 were found to have significant tuberculous lesions and of this number 129 were diagnosed as suffering from active post primary disease. This figure represents 1·24% of the persons examined as compared with the rate of 0·23% for the Mass Radiography Service as a whole.

In view of the favourable trends in tuberculosis mortality and morbidity rates the Authority has deemed it advisable to re-examine its policy in relation to mass radiography with the object of ensuring that the service is utilised to the maximum advantage. The experience of recent years suggests that the future development of the service should be directed towards selective group examinations and, with this in mind, the Authority has made additions to the list of groups already being covered and approved of proposals designed to locate miniature X-ray facilities throughout Northern Ireland on a wide-spread basis. As a first step towards the implementation of this revised policy the chest clinics at Durham Street, Belfast, and Londonderry, have been equipped with 100 m.m. Odelca Camera Attachments and a completely

demountable X-ray unit incorporating a smaller camera attachment has been ordered for service in the Belfast area.

An analysis of the work carried out by the mass radiography service is dealt with in Table XXXVI.

LABORATORY SERVICE

The aggregate number of tests carried out at the Central Laboratory, Whiteabbey, and at the laboratories attached to Dungannon Chest Hospital and Londonderry Chest Hospital was 70,879, which shows a slight decrease on the figures for the previous year.

In her report for the year 1957, Dr. L. V. Reilly, Bacteriologist at the Central Laboratory, Whiteabbey, comments as follows—

“ There has been an increase in investigations done for the out-patient clinics and this is probably an indication of the greater variety of patients who now attend at chest clinics, particularly as regards age groups. Older patients may require more detailed investigation before diagnosis can be made.

“ In the hospital service there has been a greater demand for haematological and biochemical investigation and it is hoped to provide increased facilities for this type of work. Tests of the sterilising equipment installed at Whiteabbey Hospital have been undertaken, as a result of which adjustments have been made to the plant to ensure efficiency in its operation.

“ A survey has been made of cases of miliary and meningeal tuberculosis treated at Whiteabbey Hospital since streptomycin first became available and it is hoped that the results of this survey will be published shortly.”

Plans for the carrying out of alterations and improvements to the laboratory at Londonderry Chest Hospital have been approved by the Ministry of Health and Local Government and steps have been taken to ensure that this work will be completed by the Spring of next year.

A detailed analysis of the investigations carried out at the respective laboratories is given in Table XXXVII.

BCG VACCINATION SERVICE

The number of candidates for BCG vaccination in 1957 was 29,981 compared with 39,083 in the previous year, a decline of 23·3%. The number of vaccinations was 25,671 compared with 32,669, a decline of 21·4%. The total number of persons vaccinated since the introduction of the scheme in 1949 is 146,158.

The continuing fall in the number of new cases of tuberculosis notified (11·6% less in 1957 than in 1956) has led to a reduction in the number of contacts taken under clinic supervision and so to fewer candidates for vaccination from the contact group. In addition the vaccination of school-children has been still more closely confined to those in the 10–15 years group.

The number of infants under one year who were vaccinated was 11,531 which is the largest number of infants of this age vaccinated in any year since the inception of the scheme. It represents almost 45% of the total number of vaccinations. Most of the infants were vaccinated at birth, and it is estimated that probably not more than 5% were contacts of known cases of tuberculosis. Whether in present circumstances the vaccination of such infants on this scale is indicated or whether only those in certain places or at special risk should be vaccinated is at present under consideration.

Attention was drawn last year to the falling tuberculin reactor rate in Northern Ireland, which continues. This trend is illustrated by the results of tuberculin testing candidates for vaccination (consolidated returns for whole country except that part of County Tyrone in No. 3 Area):—

Year	Reactor Rates per cent	
	Age in years 5–10	Age in years 10–15
1954	19·8	46·3
1955	16·4	33·2
1956	14·5	24·4
1957	10·5	25·1

Considering that the reactor rate in Belfast children entering school in 1956 was 3·9% it is seen that the widening horizon of school life and growing up takes in, among other more desirable things, increased contact with uncontrolled tuberculous infection. In the absence of serial tuberculin testing it is not possible to determine at what age children are most commonly infected.

Before the advent of specific chemotherapy for tuberculosis and when every chest hospital had a long waiting list, it was unavoidable in many cases that children should remain exposed to infection in their homes for prolonged periods. This was especially dangerous for infants, and at the present time it should rarely happen. It is however far from rare as evidenced by the fact that during the year it was necessary to admit 17 newborn infants to the isolation nursery in Crawfordsburn Hospital either before or after BCG vaccination. These were infants whose mothers or fathers were suffering from active, usually sputum-positive, pulmonary tuberculosis, and contact could not otherwise be broken, the infectors remaining in the house.

No agencies additional to those operating in 1956 were working. The various Bodies concerned and their work are given in Table XXXIV. The number and age distribution of candidates for vaccination, the number of reactors and the number vaccinated in each group are given in Table XXXV.

NOTIFICATIONS

The Authority is happy to be able to record a further substantial reduction in the number of new cases notified. During the year 976 respiratory and 182 non-respiratory cases were notified or intimated, making a total of 1,158. Of this number 14 respiratory and 7 non-respiratory cases were found to be either not suffering from the disease or to have been previously notified, thereby reducing the number of new cases notified to 1,137 (962 respiratory and 175 non-respiratory).

In addition, late notifications (mainly posthumous notifications) in respect of 12 respiratory and 6 non-respiratory cases were received during the early weeks of 1958 and these brought the total number of new cases for the year to 1,155 (974 respiratory and 181 non-respiratory) which represents a morbidity rate of 83 per 100,000.

Once again it is observed that the major peak in the male distribution of respiratory cases occurred in the 20–25 age group (Table V). The female notifications of respiratory tuberculosis reached their maximum in the same age group (total 75) but it should be noted that almost identical figures are recorded for the 15–20 age group (total 74). The table also reveals a secondary

peak in males at age 65 and over which was also the experience in 1956. In contrast, however, the secondary peak in females of the same age group which was observed last year did not appear in 1957.

The total of respiratory notifications dropped by approximately 12% as compared with a 5% drop in 1956. For non-respiratory cases the fall was in the region of 8% compared with 3% in 1956.

Since notification of the disease became a statutory obligation under the Public Health (Tuberculosis) Act (Northern Ireland), 1946, there has been a continuous annual fall in the numbers of new cases recorded and the figure for 1957 represents a drop of 60% compared with the total for 1948. The following table shows the trend since 1948—the first full year in which the disease was statutorily notifiable under the 1946 Act:

	<i>Respiratory</i>	<i>Non-respiratory</i>	<i>Total</i>
1948	2,499	363	2,862
1949	2,177	307	2,484
1950	1,830	322	2,152
1951	1,751	312	2,063
1952	1,529	304	1,833
1953	1,436	225	1,661
1954	1,424	259	1,683
1955	1,167	203	1,370
1956	1,110	197	1,307
1957	974	181	1,155

DEATHS

According to the Report of the Registrar-General for Northern Ireland 150 deaths from respiratory and 25 from non-respiratory tuberculosis occurred during the year 1957, making the death rate from all forms of the disease 12·51 per 100,000. The rate for respiratory cases was 10·72 per 100,000 and for non-respiratory cases the rate was 1·79 per 100,000.

These rates are fractionally higher than the record low rates recorded in 1956. Male respiratory deaths totalled 107 compared with 86 in the previous year, while total female respiratory deaths dropped from 61 to 43. The increase in the number of males certified as dying from respiratory tuberculosis is found, largely, in the older age groups, i.e., aged 65 years and over.

The number of tuberculosis deaths is now at such a low figure that a few deaths more or less can affect the overall death rate. There were eleven more deaths in 1957 than in 1956 and this small number was sufficient to increase the rate by 0·77 per 100,000.

The encouraging feature of the figures is that once again no deaths from respiratory tuberculosis are recorded in persons under 25 years of age and there has also been a fall in the total respiratory deaths between the ages of 25 years and 50 years. It is, perhaps, only to be expected that, for some years at least, the deaths in the higher age groups will increase as the tuberculous population in the Province approaches old age.

Non-respiratory disease accounted for 25 deaths compared with 17 in 1956 and here the increase is spread fairly evenly over the various forms of non-respiratory tuberculosis (Table XXXIX).

CLINIC ATTENDANCES

A summary of the work done during the year (Tables IX to XV) discloses that there were 71,373 attendances at chest clinics. This total compares with 71,512 in 1956 and 68,356 in 1955. Table IX shows that the total attendances of old patients was 52,872 compared with 52,083 in 1956; new cases other than contacts accounted for 14,309 attendances compared with 14,678 in 1956, while attendances of contacts numbered 4,192 compared with 4,751 in the previous year. The drop in the number of contacts examined is the direct result of the decrease in the total number of new cases notified during the year.

The number of persons attending for collapse therapy was 73 compared with 185 in 1956 and 315 in 1955. As a result the total attendances for the year have fallen to 2,706 compared with 5,854 in the previous year. Artificial pneumothorax refills accounted for 1,111 attendances and artificial pneumoperitoneum refills for the remainder, i.e., 1,595.

Of the cases examined for the first time 3,852 were placed on "observation". The vast majority of these respond well to treatment and soon recover normal health without showing any definite signs of active disease. The large number of observation cases is evidence that the importance of early X-ray examination is appreciated in the community, and can play a vital part in the early detection of chest abnormalities.

A slight increase in the number of radiological examinations is recorded—76,459 compared with 75,951 in the previous year.

There were 13,963 patients (exclusive of private patients) on the Authority's register at 31st December, 1957, compared with 14,425 at the corresponding date in the previous year (Table I). In addition there were 169 private patients, i.e., known tuberculous patients not wishing to avail themselves of any of the services provided by the Authority. In total, therefore, the names of 14,132 persons were on the Tuberculosis Register at 31st December, 1957. Of this total 12,284 were suffering from respiratory tuberculosis and 1,848 from non-respiratory tuberculosis.

Patients and contacts are encouraged in their regular attendance at chest clinics through the payment by the Authority of the travelling expenses involved. The British Red Cross Car Service is used extensively for this purpose and is particularly useful for the transport of large families of young children who are required to attend for contact examination.

MEDICAL EXAMINATION OF CONTACTS

The Authority has always regarded the medical examination of contacts as of paramount importance and the medical and health visiting staffs have been tireless in their efforts to persuade contacts to attend for X-ray examination.

The overall percentage of contacts examined was 88·73 and, while this is slightly lower than in the previous year when the figure was 89·58, the drop is not significant. From the experience gained over the past five years it seems clear that approximately 10% of all contacts may be expected to refuse examination in the absence of compulsion.

In the year under review 390 contacts (11%) refused examination, in spite of repeated visits by the Health Visitors (Table XI(c)). The majority of these (281) offered no valid reason for non-attendance, while a further 53 persons were unable to attend because of old age or infirmity. A variety of excuses and a few promises to attend at a later date accounted for the remaining

56. If it is accepted that the 53 elderly persons would not be requested to attend even if compulsory powers were exercised, then the percentage of refusals of those who could attend works out at 9·7%. For the continued success achieved in the medical examination of contacts, the Authority acknowledges not only the constant and unremitting work of the medical and health visiting staffs, but also the interest and co-operation which has been received from general practitioners.

The figures for the first nine months of each of the years 1955, 1956 and 1957 are given in Tables XI(a), XI(b) and XI(c). These Tables record the results obtained six months after notification in regard to the examination of contacts of new cases notified in each year during the period January—September. The following is a summary of the position:—

Total number of new cases followed up	1955			1956			1957		
	995			944			868		
	Male	Female	Child-ren	Male	Female	Child-ren	Male	Female	Child-ren
Total number of contacts	1,268	1,423	1,452	1,158	1,330	1,273	993	1,204	1,273
Number of contacts examined after six months	993	1,191	1,383	985	1,149	1,235	824	1,029	1,227
Percentage of contacts examined after six months	78·31	83·70	95·25	85·06	86·39	97·01	83·00	85·47	96·39
Overall percentage examined after six months	86·10			89·58			88·73		
Average number of contacts per case	4·2			4·0			4·0		

In the full year 4,192 contacts were examined for the first time (Table IX) and of this number 28 or 0·67% were diagnosed tuberculous. This compares with 0·65% in 1956 and 1·2% in 1955.

HOSPITAL WAITING LIST AND BED ACCOMMODATION

In the month of December, 1957, the Authority decided that the favourable position in regard to bed availability made it no longer necessary to maintain an official waiting list. At that time 23 patients were awaiting admission to hospital and in the majority of these cases the waiting period was only a matter of days, although in a few instances a longer time was involved due to the fact that the patients concerned preferred to wait for a bed in the hospital of their choice. There were 259 vacant available beds in chest hospitals at 31st December, 1957.

Throughout the whole of the year the Authority carefully supervised the general bed situation and reductions in bed complements at several hospitals were made as the trend of events indicated that such modifications were desirable. In addition (as already referred to elsewhere in this report) the tuberculosis beds in the Belfast City Hospital and a section of the tuberculosis wing in Musgrave Park Hospital were handed over to the Northern Ireland Hospitals Authority for the use of general hospital patients. The Armagh and Downpatrick Chest Hospitals were also transferred for Hospital Authority purposes but beds equivalent in number to those surrendered at these hospitals were recovered when Moira Chest Hospital was opened for the reception of patients in the month of April, 1957.

The Authority is convinced that the present favourable position can be maintained only by constant vigilance and unremitting efforts in the field of prevention. Present policy is, therefore, directed towards the provision of adequate X-ray facilities at key centres throughout the Province which will be capable of coping with group X-ray work. In this way it is hoped that remaining undetected pools of infectivity within the community will be quickly exposed and eradicated.

HOSPITAL TREATMENT

From Table XXVIII it will be noted that 2,252 patients were admitted to hospital during the year. This figure excludes temporary admissions and re-admissions for periods of less than 28 days.

The number of patients treated to a conclusion during the year was 2,444. Of this number, 816 remained under treatment for periods not exceeding three months, 511 remained for periods in excess of three months but not exceeding six months, 716 received treatment for periods of from six months to one year while 401 patients remained in hospital for periods in excess of one year (Table XXIX).

The average length of stay in hospital of respiratory cases treated to a conclusion was 228·14 days compared with 240·03 days in 1956 and 229·93 days in 1955. For non-respiratory cases the average length of stay was 454·22 days compared with 672·11 days in 1956 and 1010·13 days in 1955 (Table XXX).

Table XXIX reveals that 519 patients were admitted as "observation" during the year. Of this total 277 continued on observation at chest clinics on discharge from hospital; 220 were classified as "non-tuberculous" at time of discharge or death; while the remaining 22 cases were classified as "tuberculous" prior to discharge. The average length of stay for "observation" cases was 49·10 days compared with 73·15 days in 1956 and 79·38 days in 1955.

Both tuberculous and non-tuberculous orthopaedic cases are admitted for treatment to the Orthopaedic Hospital and, in the year 1957 the large majority of the cases admitted were of a non-tuberculous nature. Poliomyelitis accounted for 62% of the admissions, while the number of new tuberculous orthopaedic cases was 12—one fewer than in 1956.

Most of the poliomyelitis admissions were cases transferred from the Northern Ireland Fever Hospital and were new infections arising during the epidemic of poliomyelitis during the year. There were, in addition, a few poliomyelitis patients admitted who had received their infection in earlier years.

The large number of poliomyelitis cases resulted in a heavy increase in work in the Physiotherapy Department, and work is now in hand for enlarging the department to cope with the volume of work involved. The department is staffed by three full-time physiotherapists and a physiotherapist temporarily seconded from another hospital.

HOSPITAL WELFARE SERVICES

When a patient enters hospital and is thereby separated from his home and his normal pursuits and occupations he is faced with the problem of re-adjusting his day-to-day living in order to fit in with his changed environment. Much of the success of the treatment he will receive will depend on the extent to which he can adapt himself to hospital routine and the restrictions it imposes on his personal inclinations.

For these reasons the Authority regards the arrangements made for the welfare of patients in hospital as an important and necessary supplement to medical care and treatment. The varied forms of entertainment provided at each hospital are designed to create that contentment of mind which is so vital to ultimate recovery.

The basis of the entertainments programme at all hospitals controlled by the Authority are film shows screened twice monthly for adult patients and once monthly for child patients. Supplementing these are numerous plays, concerts, whist drives, etc., provided, in the main, by voluntary organisations and societies. Radio and television now form part of the normal entertainments programme.

During the warm summer days outdoor activities are organised. Patients fit enough to be out of doors enjoy clock golf, putting and croquet. Occasional outings by bus and by private cars are arranged.

Units of the Girl Guides, Brownies, Scouts and Wolf Cubs function in the children's hospitals at Crawfordsburn and Greenisland, though the numbers in the senior units remain small because of lack of numbers available in the older age groups. The Scouts at Greenisland have, for several years, organised a Sale of Work in one of the wards. From the proceeds generous donations have been made to others in need and they have also been able to provide themselves with necessary equipment. During the year under review a member of the Greenisland Troop was awarded the Scout V.C.—the Cornwell Badge.

Special Schools under the direction of the Ministry of Education are held at Crawfordsburn and Greenisland and instruction given in a manner admirably adapted to the surroundings and the special circumstances prevailing.

The Hospital Library Service, operated by the St. John and Red Cross Joint Committee, provides a varied selection of reading material for hospital patients. Most of this work is carried out by voluntary workers but the volume of work involved in the operation of the service necessitates the employment of one full-time and one part-time librarian. In Whiteabbey Hospital, for example, 11,600 books were issued to patients during the six months ended 31st December, 1957, and the total stock of books in the Whiteabbey Library now stands at 3,937.

During the year Divine Services were held weekly in all hospitals for the various religious denominations and special services with appropriate music were arranged for Easter and Christmas.

Gifts in money and in kind continue to be received from a wide circle of interested friends and voluntary organisations and the Authority takes pleasure once again in recording sincere thanks to all who have assisted in this way to promote the welfare of those less fortunate members of the community who are required to spend some time as hospital in-patients.

The Almoners attached to Whiteabbey and Londonderry Chest Hospitals continue to give invaluable service. Their help and advice is much sought in resolving the many domestic problems which arise when patients, particularly householders or mothers with young families, are admitted to hospital.

TRAVEL VOUCHERS

The travelling expenses incurred by relatives of patients who are undergoing hospital treatment are paid by the Authority on the basis of one voucher monthly for each of two near relatives provided the cost of the return journey to the hospital exceeds 2/6d. Additional vouchers are authorised on special

recommendation from the Hospital Physician in dangerously ill cases. For the purposes of the scheme the term “ near relative ” has been defined as follows:—

- (i) A father, mother, brother, sister, wife, husband or child of a patient.
- (ii) An uncle or aunt where the patient has been adopted or resides with such relatives.
- (iii) The guardian of a patient.

During the year 1957 a total of 2,042 persons received vouchers under the scheme and the total number of vouchers issued was 19,300.

DOMICILIARY WELFARE SERVICES

The schemes for the issue of beds, bedding and chalets on a free loan basis are designed to provide adequate segregation of infectious patients while they are undergoing treatment at home. There has been a steadily decreasing demand for these items over the last few years due, in part, to the reducing number of infectious cases within the community and the better standard of housing accommodation now occupied by many tuberculous patients.

New issues of beds and bedding during the year 1957 numbered 72 compared with 111 in the previous year, while the total number of patients in receipt of bed and bedding on loan at 31st December was 604 as compared with 665 in 1956 and 764 in 1955.

Only 5 new issues of chalets were made in 1957 and the total number on loan at the end of the year was 49 compared with 63 in the previous year.

The Authority continues to operate a directly-controlled scheme for the provision of domestic helps in the Counties of Tyrone and Londonderry. In all other areas of the Province the service is provided, on an agency basis, by the several County and County Borough Welfare Committees.

The service is supplied for three months in the first instance and continuation beyond that period is contingent upon a further specific recommendation.

Normally the service is supplied during a period of rest at home prescribed for the mother of a family but, in practice, it has been found that other circumstances may arise from time to time which make it imperative to supply domestic help.

There were 124 domestic helps in employment in tuberculous households at the end of the year distributed as follows:—

Belfast County Borough	.....	.....	.....	70
Londonderry County Borough	.....	.....	.....	8
County Antrim	.....	.....	.....	22
County Armagh	.....	.....	.....	8
County Down	.....	.....	.....	9
County Londonderry	.....	.....	.....	6
County Tyrone	.....	.....	.....	1
Total				124

Altogether, 225 patients were supplied with domestic help during the year compared with 245 in the previous year. The average length of stay in cases terminated during the year was 47·4 weeks compared with 45·5 weeks in 1956 and 45 weeks in 1955.

In contrast to the other welfare schemes, domestic helps are supplied on condition that the recipients contribute towards the cost according to their means.

There were 1,241 patients in receipt of free milk at 31st December, 1957, compared with 1,216 on the corresponding date in the previous year. The average number of patients in receipt of milk at any one time was 1,245 compared with 1,284 in the previous year. Milk is supplied to patients who, in the opinion of the Chest Physician, are in need medically of extra nourishment. The supply which must be either Pasteurised or Grade A, is given for an initial period of three months. Supplies may be continued beyond this limit if the patient's medical condition warrants it.

The Authority provides a holiday in the country or at the seaside for certain children in contact with tuberculous patients. Those eligible include children resident in poor homes where there is an active case of pulmonary tuberculosis, provided the Chest Physician certifies them as physically undernourished and in need of a holiday of this nature.

In the operation of this scheme full co-operation is received from the Northern Ireland Joint Tuberculosis Care and After-care Committee (N.I.T.A./N.A.P.T.) and the Authority once again records its warm appreciation of the work of this Committee in connection with this important measure. Seventy-four children were granted holidays under the scheme in the year 1957.

With the co-operation of the Ulster Joint Committee, the Order of St. John of Jerusalem and the British Red Cross Society, a scheme for the provision of a Library Service to domiciliary patients is operated and, in the year 1957, 32 patients undergoing treatment at home, were regularly supplied with reading material of their choice.

The scheme for the issue to patients on a free loan basis of home nursing appliances, e.g., bed rests, bed cradles, bedpans, urinals, air cushions, etc., is administered from the chest clinics in all areas except County Down where, by arrangement with the Authority, such appliances are issued by the Divisional Care and After-care Committees attached to the Down County Health Department.

A scheme for the provision of ancillary nourishment, e.g., malt, cod liver oil, etc., still exists and is availed of in No. 1 Area where a total of 341 jars of malt were issued in 1957. The scheme is not now operating in the other administrative areas.

NATIONAL ASSISTANCE

Patients undergoing treatment for tuberculosis of the respiratory system who are over 16 years of age, and who have suffered a loss of income, qualify for special rates of National Assistance under the National Assistance Act (Northern Ireland) 1948. The maximum weekly amount presently payable for such cases is as follows:—

(a) for a husband and wife—			
(1) of whom one is such a person	.....	.....	96/-
(2) of whom both are such persons	.....	.....	110/-
(b) for any other such person being—			
(1) aged 21 years or over	.....	.....	65/-
(2) aged 18 years or over but less than 21 years	.....	.....	48/6
(3) aged 16 years or over but less than 18 years	.....	.....	40/-

Applicants for assistance are also entitled, under the Determination of Need Regulations, to a weekly allowance for rent calculated by reference to the general level of rents in the locality and the composition of the household.

The National Assistance Board report that for the year ended 31st December, 1957, 1,190 patients were assessed on the above scale at the 31st December, as compared with 1,420 at the end of 1956. At the end of the year 40 of these applicants were receiving their national assistance grants at the Employment Exchanges where they were registered for work.

HOME NURSING

The various local Health Authorities in the Province, acting as agents of the Authority, continued to provide an efficient Home Nursing Service for tuberculous patients. The growing tendency to prescribe antibiotic treatment for domiciliary patients has led, inevitably, to an increasing demand for home nursing services. In the year under review 500 patients were visited regularly and the total number of visits made to those patients was approximately 24,700. In the previous year 487 patients were visited and the total number of visits was 23,550.

CARE AND AFTER-CARE

At 31st December, 1957, the Northern Ireland Joint Tuberculosis Care and After-care Committee (N.I.T.A./N.A.P.T.) completed its second year of working. As its name indicates, the Committee consists of representatives of the Authority and of the National Association for the Prevention of Tuberculosis—each Body having equal representation.

The functions of the Committee include the provision of clothing, bedding, nourishing food and financial assistance, for tuberculous patients, or suspected tuberculous patients, and their families, which cannot be obtained from any statutory source. The Committee also provides gifts of clothing required by children who are contacts of active tuberculous cases in circumstances where the parents are financially unable to make the provision themselves.

During the year the Committee dealt with 148 instances of need, and, of this number, 106 were approved. The provision of clothing and footwear are items which many families find difficulty in providing out of reduced incomes, and requests of this nature formed the bulk of the applications received. There was also an increased number of requests for assistance in respect of rent arrears, due no doubt to the fact that many patients reside in houses with a rent of over £1 per week. Expenditure on case work represented an average of a little over £6 per patient helped, which is a slight increase on the figure for 1956 (£5 10s. 0d.)

The funds at the disposal of this Committee are provided by the Authority, the National Association for the Prevention of Tuberculosis (N.I. Branch) and through the organisation of functions and the receipt of donations from the general public.

HANDICRAFTS SCHEME

The handicrafts scheme administered by the Authority at the hospitals under its control continues to operate successfully and the popularity of this form of diversion among patients is, to a large extent, reflected by the sales of materials which in the year 1957 amounted to slightly under £5,000.

The arrangement whereby the Authority's Health Visiting Staff caters for patients who desire to do handicraft work at home remains unaltered.

The Annual Exhibition of Patients' Handicrafts was held, as in previous years, at the Wellington Hall, Belfast, during the period 11th to 13th December, 1957, when some 1,900 articles were on show to the general public. The large number of people who attended daily during the period of the Exhibition was in itself a tribute to the high standard of the work displayed.

An opportunity was also taken to display patients' handicrafts at the Exhibition of Equipment held during September, 1957, in conjunction with the Northern Ireland Health Services Conference. The exhibits attracted much attention and were favourably commented upon.

The Authority is indebted to the various Hospital Management Committees of the Northern Ireland Hospitals Authority and interested commercial firms for the contributions made by them towards the prize fund for the Annual Patients' Handicraft Exhibition.

REHABILITATION

The rehabilitation measures adopted by the Authority have not changed much during the year and may be stated to be—

- (a) The employment of former patients, where possible, at hospitals and clinics and in the operation of the domestic help scheme.
- (b) The operation of the Multigraph Department located at the Authority's Headquarters.
- (c) The training of selected patients at Papworth Village Settlement.

The Multigraph Department which is completely staffed by ex-patients copes with a large proportion of the Authority's printing requirements and also undertakes work on behalf of the Northern Ireland General Health Services Board and the Northern Ireland Hospitals Authority. The costed value of the work carried out by the Department during the year ended 31st March, 1957, was £4,989 which is slightly less than the figure for the year 1956. The number of orders received during the latter half of 1957 was so marked that it was found necessary to employ additional trainees to cope with the increase in the volume of work. The continued support of both the Statutory Bodies mentioned is greatly appreciated.

HEALTH VISITING

The health visiting staff remains, in numbers, the same as in previous years except for a change in the grade of the officer undertaking reception rooms duties at the Central Chest Clinic, Belfast. On the resignation of one of the clinic nurses the vacancy was filled by the appointment of a receptionist who, in addition to receiving patients in the waiting room, is able to carry out many time-absorbing duties in connection with the preparation and clearing of consulting rooms.

Patients and their families still face serious financial problems associated with long periods of illness and re-settlement in suitable work. There is still some reluctance on the part of employers to accept patients as reliable employees and, on occasions, offers of suitable work are withdrawn when the applicant tells his prospective employer that his previous unemployment was due to a period of treatment in a chest hospital. This unfortunate attitude partly explains the reluctance of certain adults to come for examination as contacts of known cases. The examination of contacts is still an important part of the health visitor's work, and though reasonably successful in this, the hard core of those unwilling to present themselves causes some anxiety, particularly as so many are in the higher age group containing possible infectors.

The tendency for shorter periods of hospital treatment in some cases increases the need for close supervision of home treatment. Provision of domestic help is required over long periods when the patient is the mother and the family consists of small children. The need to lend bed and bedding has diminished as housing conditions improve. It is now more frequently possible for families to make the necessary adjustments in sleeping arrangements, and, where bedding is required permanently, the Care and After-Care Committee is willing to provide this.

Health Visitors continue their efforts to place patients in work and to smooth out difficulties by visiting employers (when the opportunity to do this presents itself). National Assistance Board and Ministry of Labour local offices and various voluntary organisations are approached for assistance in emergency, and the preparation of reports for consideration of the Care and After-Care Committee brings to light many cases of great hardship.

The problem of the homeless male patient still exists. Several are known to be resident in common lodging houses in Belfast and the care of these patients in suitable hostel accommodation is still under consideration.

Table XVI(a) analyses the work done by health visitors during the year and reveals that 64,382 visits were made. Of this total 16,271 visits were made to patients requiring monthly visitation, 23,342 to patients visited on a quarterly basis, and 3,208 were made to patients who are visited once yearly. The remaining 21,561 visits were made as required in connection with new notifications, contacts, tuberculin testing, BCG vaccination, etc.

The thanks of the Authority are again tendered to the officers of the Ministry of Labour, the National Assistance Board, the various Health and Welfare Departments of Local Authorities and numerous voluntary organisations for their helpful advice on many occasions during the year.

EDUCATION AND PROPAGANDA

As stated elsewhere in this report a marked decline has occurred in tuberculosis mortality rates in recent years and the morbidity figures have also fallen though not in the same proportion. Despite these developments there are still hidden pools of infection within the community and while this situation remains there can be no relaxation of the efforts to combat the disease.

The success of the various preventive measures employed by the Authority is dependent on the co-operation received from the general public and it is with the aim of promoting this co-operation that the Authority continues to develop its health education work.

The opportunity was again taken to reserve stands at the Royal Ulster Agricultural Show and the Christmas Exhibition of Handicrafts and from these suitable propaganda literature was distributed.

Several new posters were designed and circulated to factories and offices throughout the Province and a special set of children's posters was reprinted for distribution to primary schools. Full advantage was taken of the Press to publicise the surveys undertaken by the Mass Radiography Service.

The ready and generous co-operation of the Press in reporting the activities of the Authority during the year is gratefully acknowledged.

X-RAY EXAMINATION OF SCHOOLTEACHERS

Table XXXVIII shows the position regarding the X-ray examination of schoolteachers under the Teachers' Compulsory Absence and Special Sick Leave Regulations (Northern Ireland), 1954. The Regulations provide for the

annual X-ray examination of all teachers coming within the scope of the scheme. For the purposes of the scheme, the annual X-ray examination is arranged to coincide with the school year and the period covered by the Table is, therefore, for the year ended 31st August, 1957.

From this Table it will be noted that 7,842 teachers were in the scheme at the 31st August, 1956, 631 names were added to the Register during the year, and 450 teachers ceased to come within the scope of the Regulations, thus leaving 8,023 teachers on the Register at the 31st August, 1957. Of this number 159 failed to attend for X-ray examination.

Of the ten active cases of pulmonary tuberculosis shown in the Table two were classified as such in the return for the previous year and two others, previously known to the Authority as confirmed cases, were classified as inactive in the previous year.

In addition three cases were notified as "active" during the year but the condition was considered "inactive" before the year end. Including these three cases nine teachers were found to be suffering from active pulmonary disease and who were not previously known to the Authority as tuberculous patients. This is equivalent to a rate of 1.15 per 1,000 examinations compared with 1.7 per 1,000 in the school year 1955/56, and 1.9 per 1,000 in the year 1954/55.

In all cases where active disease was diagnosed, the teachers concerned were suspended from duty in accordance with the Regulations, which are designed to ensure that pupils in grant-aided schools will be safeguarded, as far as possible, from the dangers of infection from teachers suffering from pulmonary tuberculosis.

X-RAY EXAMINATION OF SCHOOL MEALS PERSONNEL

In co-operation with local education authorities and school authorities, the Authority provides facilities for the annual X-ray examination of all persons engaged in the School Meals Service. It is now obligatory for all new entrants to the School Meals Service to have an initial X-ray examination.

FINANCIAL SCHEME FOR THE YEAR ENDING 31st MARCH, 1958

The financial scheme for the year ending 31st March, 1958, as approved by the Ministry of Health and Local Government under Regulation 15 of the Public Health (Tuberculosis) Regulations (Northern Ireland), 1946, makes provision for an estimated net expenditure of £880,500 allocated over the following headings:—

(i) For services analogous to Hospital and Specialist Services:

		£	£
(a)	Hospital Expenses	511,500	
(b)	Clinic Service	102,600	
(c)	Mass Radiography Service	33,000	
(d)	Bacteriological Service	9,400	
(e)	Administrative Expenses	43,000	
			699,500

(ii) Other Services:

(a)	Domiciliary and Welfare Services	94,000	
(b)	Administrative Expenses	6,000	
(c)	Contingencies	1,000	
			101,000

(iii)	Capital Expenditure		80,000
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£880,500

In accordance with the provisions of Section 20 of the Public Health (Tuberculosis) Act (Northern Ireland) 1946, as amended by Section 54 of the Health Services Act (Northern Ireland) 1948, the expenditure specified has been assessed on the several contributing Bodies in the following proportions:

(a)	Amount chargeable to the Ministry of Health and Local Government (total expenditure on items shown under headings (i) and (iii) and half of the expenditure on items shown under heading (ii))	£830,000
(b)	Amount chargeable to County and County Borough Councils in the same proportion as the total net annual value of all hereditaments in the area of each Council bears to the aggregate of the net annual value of all hereditaments in the areas of all the Councils (half of the expenditure on items shown under heading (ii))	50,500
	Total	<u>£880,500</u>

ACCOUNTS

The accounts in respect of the year ended 31st March, 1957, disclose that the net expenditure of the Authority for all purposes amounted to the sum of £865,235 made up as shown in the following statement, the figure for the preceding year being shown for comparison:—

1955/56		1956/57
£		£
	(i) Revenue Account:	
42,238	(a) Headquarters	46,267
478,634	(b) Hospitals under the control of the Authority	502,982
14,005	(c) Hospitals and Institutions not under the control of the Authority	16,199
181,289	(d) Clinic, BCG and Domiciliary Services	187,436
32,958	(e) Mass Radiography Service	31,851
8,900	(f) Bacteriological Service	8,755
24	(g) Miscellaneous	71
<u>758,048</u>		<u>793,561</u>
13,065	Less General Receipts	10,714
<u>£744,983</u>		<u>£782,847</u>
	(ii) Capital Account:	
114,606	(a) Land and Buildings—additions and alterations	74,223
13,778	(b) Provision of X-ray plant and miscellaneous items of equipment	8,165
<u>128,384</u>		<u>82,388</u>
<u>£873,367</u>		<u>£865,235</u>

The total revenue expenditure of hospitals under the control of the Authority shows an increase of £24,348 as compared with the preceding year.

The major items in the total increase are:—

(i) Increase in Nursing Staff Salaries	£6,000
(ii) Increase in Domestic and other Staff Wages	£11,000
(iii) Increase in Fuel and Light costs	£3,400
(iv) Increased expenditure on Domestic Renewals and Replacements	£3,700

The following table shows the average cost per patient-week (excluding Headquarters and Bacteriological Service expenditure) at each hospital under the control of the Authority for the years 1955/56 and 1956/57 together with the average for all hospitals:—

Name of Hospital	1955/56			1956/57		
	No. of patient weeks	Patient week costs			No. of patient weeks	Patient week costs
		£	s.	d.		£ s. d.
Armagh Chest Hospital	1,422	11	18	0	1,482	12 17 0
Crawfordsburn Hospital	4,964	9	10	9	4,490	11 2 9
Downpatrick Chest Hospital	2,461	8	9	0	2,476	8 10 1
*Dungannon Chest Hospital	3,796	11	2	0	2,878	13 15 2
Killadeas Hospital	1,549	12	0	3	1,734	10 18 7
Londonderry Chest Hospital	9,397	9	16	1	10,330	10 3 7
*The Orthopaedic Hospital	4,729	14	6	2	3,995	16 4 2
Whiteabbey Hospital	18,397	9	8	2	17,264	10 13 8
All Hospitals	46,715	10	4	11	44,649	11 5 4

*—The marked increase in Patient Week Costs is mainly due to a reduced number of occupied beds.

The increase of £4,029 in Headquarters falls almost entirely under salaries, wages, etc., and is due to normal increments, implementation by stages of equal pay for women, and salary awards.

The revenue expenditure on the Clinic, BCG and Domiciliary Services shows an increase of £6,147 over the previous year's figure, due mainly to salary increases and a small increase in staff numbers in post, in the Clinic Service.

The reduction of £1,107 in Mass Radiography Service expenditure is largely attributable to lower expenditure on the maintenance of premises which in the previous year was higher than normal.

STAFF

The Staff Establishment at the 31st December, 1957, was 1,032 and represents a reduction of 18 compared with the figures at the corresponding date in 1956. This reduction is mainly accounted for by the closure of the Chest Hospitals at Downpatrick and Armagh and by the running down of the Maintenance Staff at the other hospitals. The number of staff in the various grades is set out as follows:—

Medical Staff	.....	51
Administrative and Clerical Staff	.....	163
Nursing Staff	.....	320
Health Visiting Staff including Clinic Nurses	.....	43
Special Departmental Staff (Radiographers, Almoners, etc.)	.....	39
Maintenance Staff	.....	68
Domestic and General Staff	.....	321
Chaplains	.....	27
Total		1,032

There has been no material improvement in the supply position of radiographers during the period under review and in view of the unsatisfactory response to advertisements for staff of this category, it was found necessary to appoint unqualified Radiographers temporarily in order to relieve the shortage. It is anticipated that the present difficulties in the recruitment of Radiographers will be eased when a number of newly qualified Radiographers becomes available in the summer of 1958.

The number of student nurses accepted for training was maintained at a satisfactory level. There has been, however, a noticeable falling off, particularly in the latter part of the year, in the number of applications received in response to advertisements for trained nurses to fill vacancies in the authorised establishment of the several hospitals. It is hoped that the difficulty which has been experienced in the recruitment of trained nurses will only be temporary and that the supply position will rectify itself during the incoming year.

An agreement has been reached whereby the standard working week for domestic and general staff is to be reduced from 48 to 44 hours with effect from February, 1958. It is felt that a re-arrangement of the duty rosters will enable the aforementioned change to be carried into effect without increasing to any extent the number of domestic and general staff employed at Authority-controlled hospitals.

The Authority takes this opportunity to express its thanks to all members of the staff for their unremitting efforts, loyalty and co-operation during the past year.

CHAPLAINS

The procedure relating to the appointment of Chaplains at Authority-controlled hospitals remains unaltered. The number of Chaplains in office at the end of the year was 27 of whom 6 held honorary appointments owing to the fact that the number of patients to be visited by them fell below the minimum required to qualify for the payment of remuneration.

The Authority gratefully acknowledges the valuable contribution made to the welfare of patients by the Chaplains whose services are greatly appreciated by the patients and staff alike.

NORTHERN IRELAND HEALTH SERVICES CONFERENCE

A Conference and Exhibition organised by the Bodies responsible for the Health Services in Northern Ireland took place during the period 10th—12th September, 1957.

This was the first Conference of its kind held in Northern Ireland and the attendances at each session were considered satisfactory.

FUTURE DEVELOPMENT OF CHEST MEDICINE IN NORTHERN IRELAND

A Joint Committee consisting of members of the Authority and of the Northern Ireland Hospitals Authority was appointed in December, for the purpose of preparing a comprehensive report on the future of chest medicine in Northern Ireland.

ACKNOWLEDGMENTS

In addition to those specially noted in the body of the Report, the Authority desires to thank the Registrar-General for Northern Ireland and his staff for their courtesy in supplying statistical information, and all others who, in any way, contributed to the work of the Authority during the year.

D. HALL CHRISTIE, Chairman.

ANDREW SCOTT, Vice-Chairman.

WILLIAM HARVEY, Secretary.

APPENDIX

LOCATION AND FREQUENCY OF CLINIC SESSIONS AS AT 31st DECEMBER, 1957

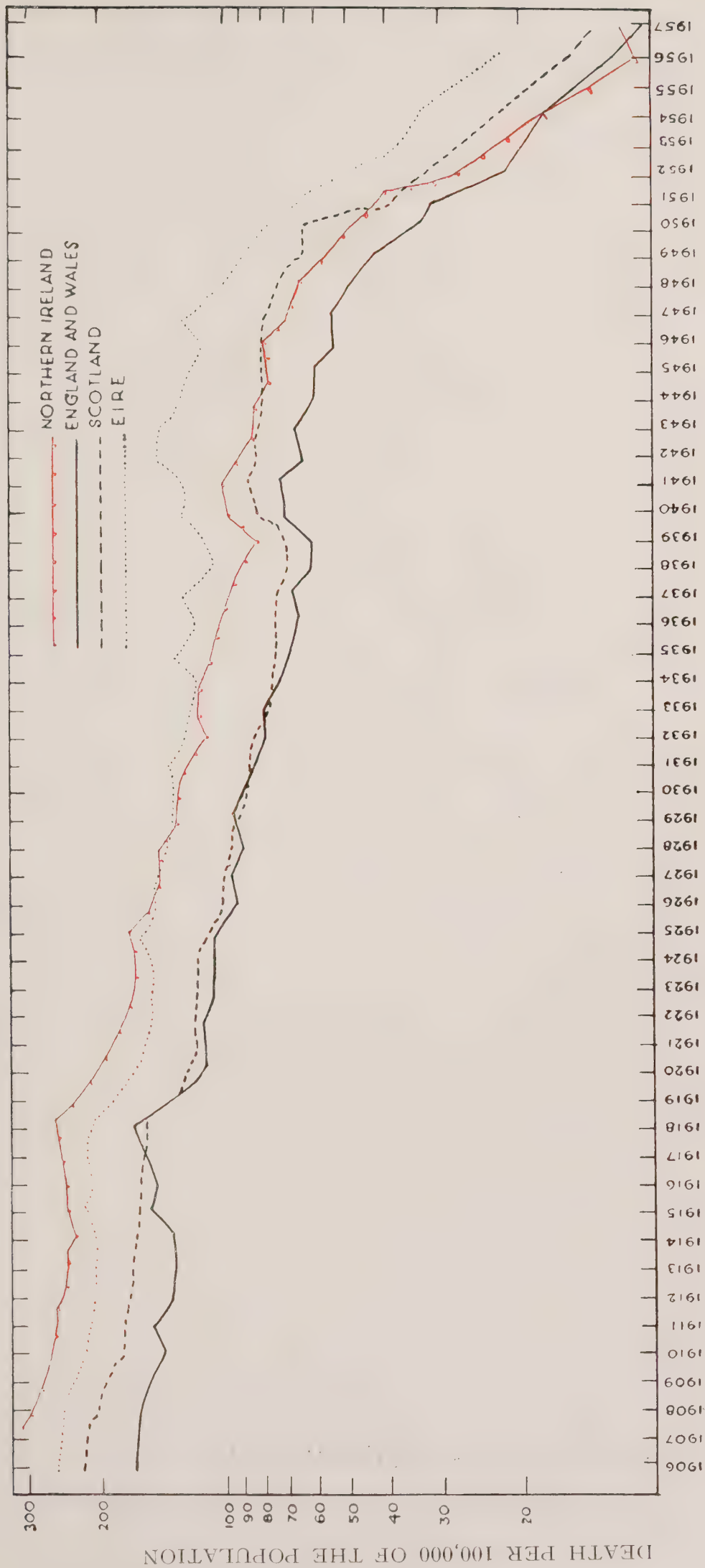
Area	Clinic	Address	Frequency
No. 1 Area (sub-div. A)	Ards Clinic	Ards Hospital, Newtownards	Monday and Thursday afternoons
	Bangor Clinic	60 High Street, Bangor	Monday and Thursday mornings
	Central Chest Clinic	Durham Street, Belfast	Daily, except Saturday
	Forster Green Clinic	Forster Green Hospital	Monday afternoon
	Templemore Avenue Clinic	Ulster Hospital, Templemore Ave.	Wednesday and Friday afternoons
No. 1 Area (sub-div. B)	Antrim Clinic	Massereene Hospital, Antrim	Wednesday morning and afternoon
	Ballymena Clinic	Cottage Hospital, Ballymena	Monday and Wednesday mornings and afternoons
	Central Chest Clinic	Durham Street, Belfast	Daily, except Saturday
	Larne Clinic	Moyle Hospital, Larne	Tuesday afternoon, and Thursday morning and afternoon
	Whiteabbey Clinic	Whiteabbey Hospital	Daily except Wednesday and Saturday
No. 1 Area (sub-div. C)	Central Chest Clinic	Durham Street, Belfast	Daily, except Saturday
	R.V.H. Clinic	Royal Victoria Hospital	Monday, Wednesday and Thursday afternoons
No. 2 Area	Armagh Chest Clinic	Drumarg House, Armagh	Monday morning and afternoon, and Tuesday morning
	Banbridge Clinic	Banbridge Hospital	Thursday afternoon
	Downpatrick Clinic	Downe Hospital, Downpatrick	Tuesday and Friday mornings
	Forster Green Clinic	Forster Green Hospital	Wednesday afternoon
	Lisburn Clinic	Lagan Valley Hospital	Monday and Thursday afternoons
	Lurgan Clinic	Lurgan and Portadown Hospital	Thursday morning
	Musgrave Park Clinic	Musgrave Park Hospital	Tuesday and Friday afternoons
	Newry Clinic	Newry General Hospital	Wednesday morning and afternoon and Friday morning
	Portadown Clinic	49 Thomas Street, Portadown	Tuesday morning and Friday morning and afternoon

APPENDIX—Continued

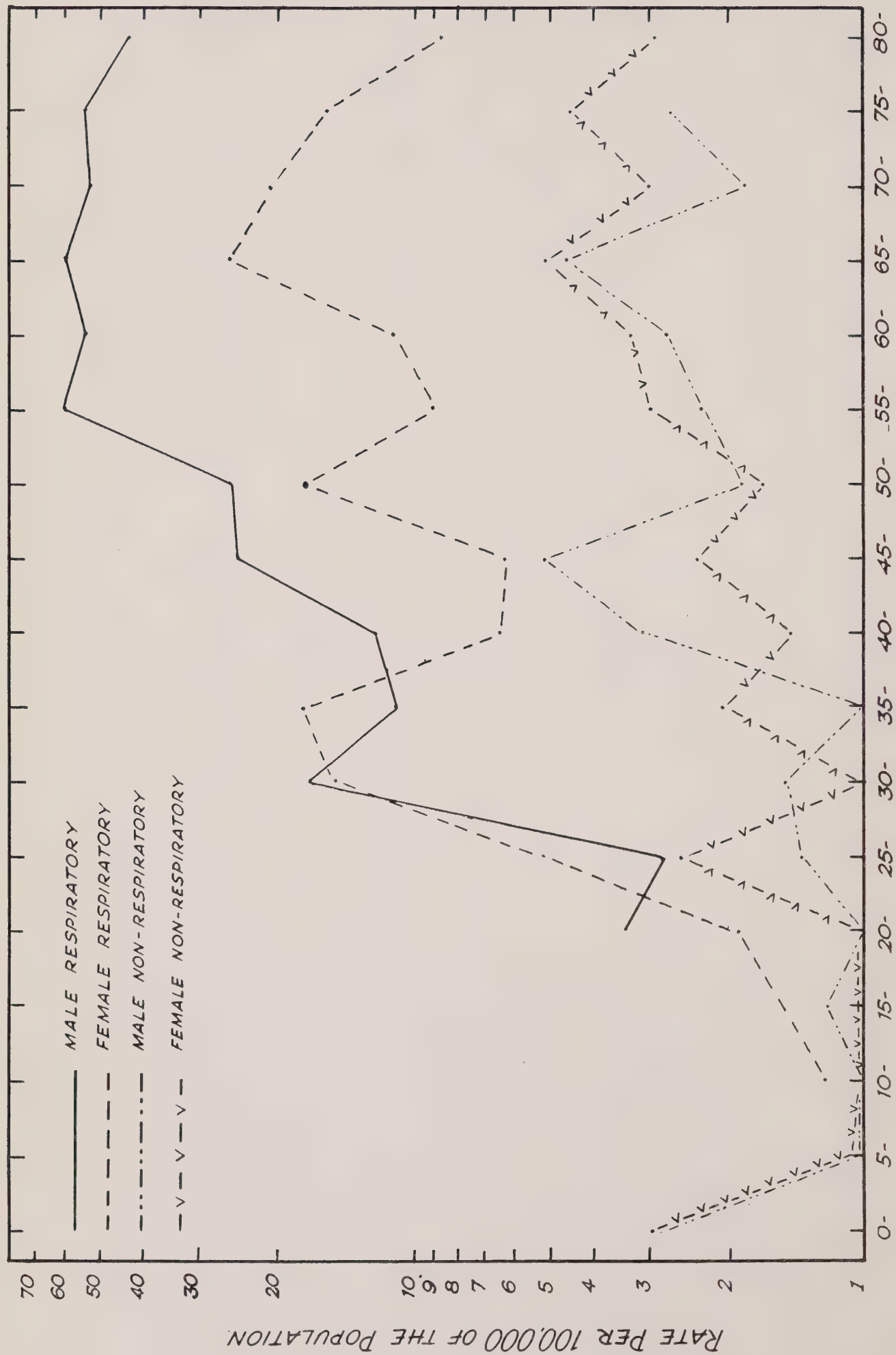
LOCATION AND FREQUENCY OF CLINIC SESSIONS AS AT 31st DECEMBER, 1957—Continued

Area	Clinic	Address	Frequency
No. 3 Area	Cookstown Clinic	Dr. Elliott's Surgery, Loy Hill, Cookstown	Monday morning
	Dungannon Clinic	Dungannon Chest Hospital	Tuesday morning, Thursday afternoon and Friday morning.
	Enniskillen Chest Clinic	Cornagrade, Enniskillen	Tuesday, Wednesday and Friday mornings
	Omagh Clinic	Tyrone County Hospital	Wednesday morning
No. 4 Area	Ballycastle Clinic	Dalriada Hospital, Ballycastle	Tuesday afternoon
	Ballymoney Clinic	Route Hospital, Ballymoney	Tuesday morning
	Coleraine Clinic	Hanover Place, Coleraine	Monday afternoon, Tuesday morning, Thursday morning and afternoon
	Limavady Clinic	Roe Valley Hospital, Limavady	Wednesday morning
All Areas	Londonderry Clinic	Londonderry Chest Hospital	Daily except Saturday
	Magherafelt Clinic	Mid-Ulster Hospital, Magherafelt	Wednesday morning and afternoon
	Orthopaedic Clinic	Durham Street, Belfast	Weekly, Friday afternoon (except Friday following second Thursday each month).
			Monthly on the afternoon of second Thursday each month.

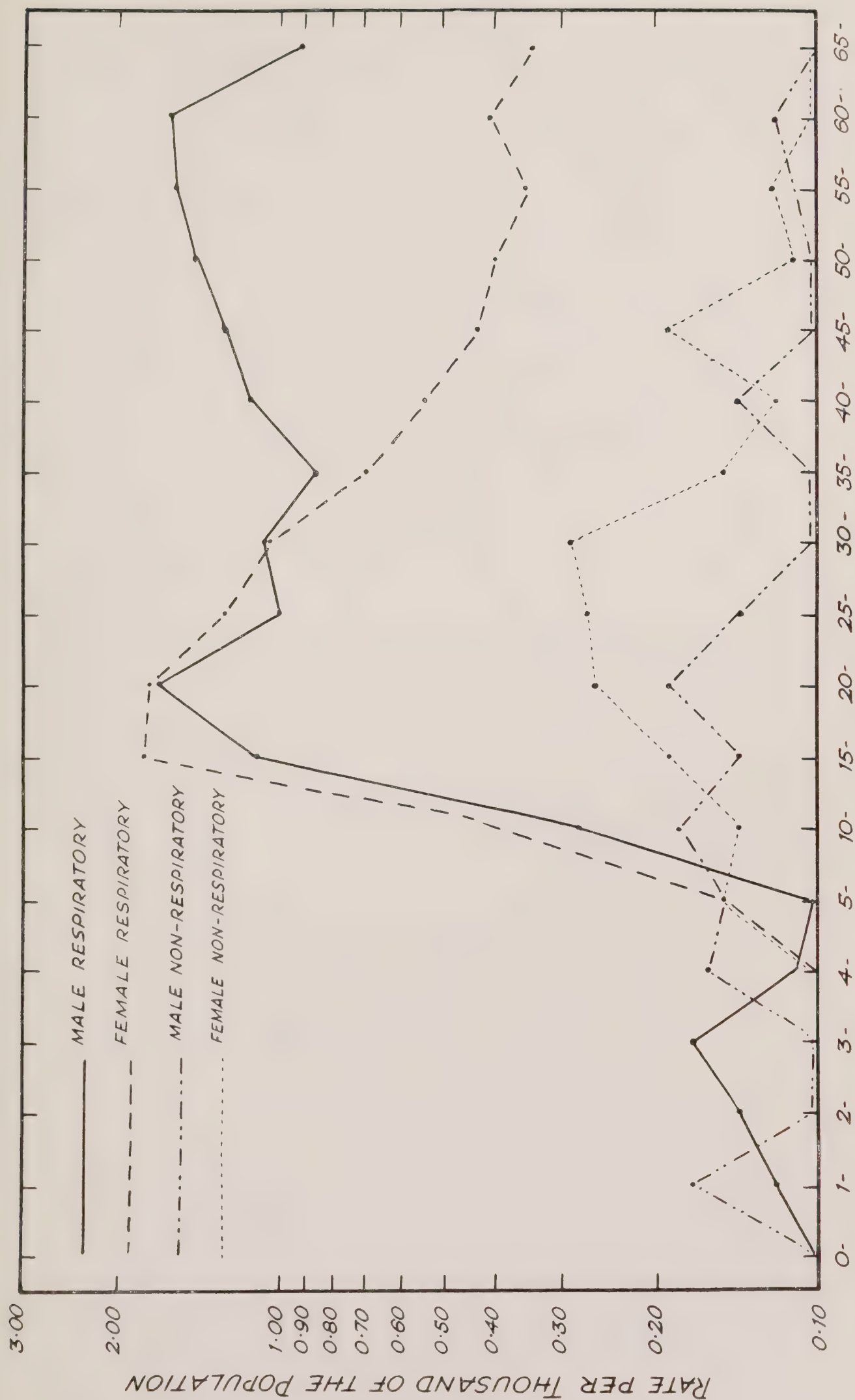
SECTION C



GRAPH I. Mortality from all forms of Tuberculosis, 1906-1957, British Isles.



GRAPH II - Average Tuberculosis Death Rate per 100,000 of the population, Northern Ireland, 1955-1957.



AGE GROUPS IN YEARS.

GRAPH III Average Tuberculosis Notification Rate per 1000 of the population, Northern Ireland, 1955-1957.

SECTION D

DEFINITIONS OF TERMS USED IN THE STATISTICAL TABLES

The classification used in the statistical tables is that recommended by the Ministry of Health in Memorandum 37/T, issued in May, 1947, from which the following abridged definitions have been taken.

I Patients under 15 years of age are classed as children, and those of 15 years and upwards as adults.

II Patients are divided into respiratory and non-respiratory cases, as follows:—

- (i) *A respiratory case* is one in which there is a tuberculous lesion of the lungs, pleura, intrathoracic glands, trachea or larynx.
- (ii) *A non-respiratory case* is one in which a tuberculous lesion is present in one or more parts of the body other than the lungs, pleura, intrathoracic glands, trachea or larynx.

A case in which both respiratory and non-respiratory lesions of clinical significance are present is classified as a respiratory case.

III Patients suffering from any form of tuberculosis are further divided into:

Class A.—Cases in which tubercle bacilli have never been discovered in any exudate, excrement, discharge or tissue.

Class B.—Cases in which tubercle bacilli have been found at any time in any exudate, excrement, discharge or tissue.

A patient originally in Class A (T.B. minus) is transferred to Class B (T.B. plus) at any stage in the course of treatment if and when tubercle bacilli are found, but, for purposes of classification at the time of first observation if tubercle bacilli have not been found in any excreta or discharge prior to or during the first eight weeks of observation or residential treatment, that patient is considered an A case.

IV Respiratory cases in Classes A and B are further sub-divided into three groups as follows:—

Group 1. Cases with slight constitutional disturbance.

Group 3. Cases with profound systemic disturbance or constitutional deterioration, and with marked impairment of function, either local or general.

Group 2. All cases which cannot be placed in Group 1 or 3.

V *Quiescent.* Cases in which the general condition and exercise tolerance are good, having regard to the extent of the lesion; which show no evidence of toxæmia; in which no tubercle bacilli have been found on three consecutive monthly examinations by stained film; and in which changes revealed by other clinical investigations and by serial skiagram point to retrogression of the tuberculous lesion.

VI *Recovered.* Cases in which the state of quiescence has continued uninterrupted for a period of five years.

The following definitions have been adopted by the Authority:—

Contact. The term “contact” refers to all cases in which there is or has been during the previous twelve months intimate relationship with a case of tuberculosis, whether the contact is referred to the clinic as a new case or otherwise or as a routine procedure.

Private Patient. A person who is notified to the Authority as a definite case of tuberculosis but who declines to attend a clinic for examination and supervision, is considered to be a “private patient.” In addition, any patient on the Authority’s register who fails to attend the clinic during two consecutive years (at least one appointment being made in each year) is regarded as a “private patient”. Information concerning such patients is collected annually from the family doctor.

Contractions. The following contractions are used in tables:—

M—Males.

F—Females.

C—Children.

—indicates “nil.”

TABLE I

Summary of Tuberculosis Register for the year ended 31st December, 1957

	Area	TUBERCULOSIS		
		Respiratory	Non-respiratory	Total
(a) Number of cases on area registers at 1/1/57:	1A	2,298	206	2,504
	1B	2,279	279	2,558
	1C	2,733	267	3,000
	2	2,346	553	2,899
	3	1,042	220	1,262
	4	1,838	364	2,202
	Total	12,536	1,889	14,425
(b) Number of cases transferred in, cases returned after discharge in previous years and cases transferred from non-respiratory to respiratory during the year:	1A	79	4	83
	1B	118	15	133
	1C	120	12	132
	2	82	9	91
	3	16	4	20
	4	44	1	45
	Total	459	45	504
(c) New cases notified during the year:	1A	158	31	189
	1B	150	25	175
	1C	235	30	265
	2	183	41	224
	3	104	30	134
	4	144	24	168
	Total	974	181	1,155
(d) Total additions to register during the year (b) + (c):	1A	237	35	272
	1B	268	40	308
	1C	355	42	397
	2	265	50	315
	3	120	34	154
	4	188	25	213
	Total	1,433	226	1,659
(e) Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases lost sight of or otherwise removed during the year:	1A	141	13	154
	1B	173	30	203
	1C	272	35	307
	2	85	21	106
	3	71	11	82
	4	91	14	105
	Total	833	124	957
(f) Deaths during the year:	1A	25	1	26
	1B	26	1	27
	1C	36	6	42
	2	30	2	32
	3	18	1	19
	4	19	2	21
	Total	154	13	167

TABLE I—*continued*

	Area	TUBERCULOSIS		
		Respiratory	Non-respiratory	Total
(g) Cases recovered during the year:	1A	177	14	191
	1B	253	46	299
	1C	135	18	153
	2	137	31	168
	3	69	22	91
	4	76	19	95
	Total	847	150	997
(h) Total deductions from the registers during the year: (e) + (f) + (g)	1A	343	28	371
	1B	452	77	529
	1C	443	59	502
	2	252	54	306
	3	158	34	192
	4	186	35	221
	Total	1,834	287	2,121
(i) Number of cases on area registers at 31/12/57: (a) + (d) — (h)	1A	2,192	213	2,405
	1B	2,095	242	2,337
	1C	2,645	250	2,895
	2	2,359	549	2,908
	3	1,004	220	1,224
	4	1,840	354	2,194
	Total	12,135	1,828	13,963
(j) Number of private patients:		149	20	169
(k) Total number of cases on Tuberculosis Register at 31/12/57: (i) + (j)		12,284	1,848	14,132

Detailed analysis of that part of the Tuberculosis Register which concerns Private Patients

	Respiratory	Non-respiratory	Total
Number of private patients at 1/1/57:	179	22	201
Additions during 1957:	60	7	67
Cases removed during the year as died, recovered, transferred out, lost sight of or otherwise removed:	90	9	99
Number of private patients at 31/12/57:	149	20	169

Analysis of cases of respiratory tuberculosis on register at 1st January, 1957, additions to and removals from register during the year and number receiving treatment at 31st December, 1957

TABLE III

Analysis of cases of non-respiratory tuberculosis on register at 1st January, 1957, additions to and removals from register during the year, and number receiving treatment at 31st December, 1957

Year of Notification	Sex	UNDER TREATMENT AT 1st JANUARY, 1957					ADDITIONS TO AREA REGISTERS DURING THE YEAR					REMOVALS FROM AREA REGISTERS DURING THE YEAR																		UNDER TREATMENT AT 31st DECEMBER, 1957																
		Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	New Cases Notified					Transfers in, transfers from other areas and return cases					Recovered					Transfers out and transfers to other areas					Transfers to respiratory					Died					Lost sight of or otherwise removed									
							Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total					
1957	M	—	—	—	—	—	16	1	21	13	51	1	—	2	—	3	—	—	—	—	—	1	—	1	—	2	—	—	2	—	1	—	2	—	—	—	15	1	18	12	46					
	F	—	—	—	—	—	15	7	37	27	86	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	15	6	32	26	79								
	C	—	—	—	—	—	11	2	13	18	44	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	11	2	12	18	43									
1956	M	28	1	20	10	59	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	1	—	1	18	9	55								
	F	18	1	32	33	84	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	3	—	3	1	—	—	1	2	—	—	2	—	3	15	1	28	32	76							
	C	20	1	13	8	42	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	20	1	13	7	41							
1955	M	18	1	19	2	40	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	17	1	18	3	39							
	F	18	6	29	30	83	—	—	—	—	—	—	3	1	1	5	—	—	—	—	—	1	—	2	3	—	—	—	—	—	—	1	—	1	2	3	6	17	7	28	26	78				
	C	16	4	16	15	51	—	—	—	—	—	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	1	—	—	1	3	—	2	5	16	4	15	13	48							
1954	M	28	1	18	9	56	—	—	—	—	—	2	—	1	—	3	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	1	—	1	—	2	27	1	18	9	55					
	F	24	7	20	18	69	—	—	—	—	—	1	—	—	2	3	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	—	2	25	6	19	19	69						
	C	23	7	20	24	74	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	1	2	2	5	23	6	18	21	68					
Prior to 1954	M	259	26	54	25	364	—	—	—	—	—	6	—	1	—	7	13	7	5	5	30	5	—	—	1	6	—	—	—	—	—	—	1	9	2	2	—	13	238	17	47	19	321			
	F	241	53	63	109	466	—	—	—	—	—	3	3	1	2	9	23	10	8	15	56	1	4	2	4	11	1	—	1	—	—	—	7	3	3	4	17	212	39	50	88	389				
	C	249	79	42	131	501	—	—	—	—	—	2	—	1	—	3	24	9	4	27	64	4	3	—	7	—	—	2	—	—	—	—	1	2	2	3	9	220	65	35	101	421				
Total	M	333	29	111	46	519	16	1	21	13	51	10	—	5	1	16	13	7	5	5	30	8	—	2	1	11	1	—	3	—	4	1	—	3	12	2	5	1	20	324	21	119	52	516		
	F	301	67	144	190	702	15	7	37	27	86	5	6	4	5	20	23	10	8	15	56	1	5	5	7	18	2	1	1	—	5	1	—	4	—	5	10	5	10	8	33	284	59	157	191	691
	C	308	91	91	178	668	11	2	13	18	44	5	1	2	1	9	24	9	4	27	64	4	4	1	2	11	—	—	2	—	2	1	—	2	—	3	5	3	4	8	20	290	78	93	160	621
GRAND TOTAL		942	187	346	414	1,889	42	10	71	58	181	20	7	11	7	45	60	26	17	47	150	13	9	8	10	40	3	1	6	1	11	3	—	9	1	13	27	10	19	17	73	898	158	369	403	1,828

TABLE IV

*Comparative analysis of the number of patients on the Tuberculosis Register
at 31st December, each year for the years 1953–1957*

Date	TUBERCULOSIS		
	Respiratory	Non-respiratory	Total
31/12/53	13,045	2,032	15,077
31/12/54	13,080	1,980	15,060
31/12/55	12,871	1,979	14,850
31/12/56	12,715	1,911	14,626
31/12/57	12,284	1,848	14,132

TABLE V

*Number of cases of tuberculosis notified during the year 1957
analysed by sex and age groups*

Age Groups	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
0—(Months)	—	—	—	—	—	—	—
3—	—	—	—	—	—	—	—
6—	—	—	—	2	—	2	2
9—	—	—	—	—	—	—	—
1—(Years)	2	1	2	—	4	1	5
2—	3	—	—	2	3	2	5
3—	3	—	1	2	4	2	6
4—	—	1	2	—	2	1	3
5—	2	13	8	9	10	22	32
10—	9	15	11	5	20	20	40
15—	53	74	10	11	63	85	148
20—	67	75	9	9	76	84	160
25—	38	58	4	12	42	70	112
30—	46	58	3	13	49	71	120
35—	42	34	5	9	47	43	90
40—	40	21	6	5	46	26	72
45—	57	19	4	9	61	28	89
50—	53	9	—	5	53	14	67
55—	45	11	4	5	49	16	65
60—	39	13	—	2	39	15	54
65+	57	16	6	6	63	22	85
TOTAL	556	418	75	106	631	524	1,155

TABLE VI

*Average tuberculosis notification rate per 1,000 of the population
for the years 1955–1957*

Age Groups (in years)			TUBERCULOSIS						Grand Total
			Respiratory		Non-respiratory		Total		
			M	F	M	F	M	F	
Under	1	.....	0·05	0·08	0·02	0·05	0·07	0·13	0·10
	1—	.....	0·12	0·10	0·17	0·08	0·29	0·18	0·23
	2—	.....	0·14	0·03	0·05	0·07	0·19	0·10	0·15
	3—	.....	0·17	0·05	0·09	0·07	0·26	0·12	0·19
	4—	.....	0·11	0·10	0·16	0·09	0·27	0·19	0·23
	5—	.....	0·07	0·15	0·15	0·15	0·22	0·30	0·26
	10—	.....	0·28	0·49	0·18	0·14	0·46	0·63	0·55
	15—	.....	1·10	1·80	0·14	0·19	1·24	1·99	1·61
	20—	.....	1·68	1·76	0·19	0·26	1·87	2·02	1·95
	25—	.....	1·01	1·28	0·14	0·27	1·15	1·55	1·36
	30—	.....	1·08	1·07	0·07	0·29	1·15	1·36	1·26
	35—	.....	0·86	0·69	0·07	0·15	0·93	0·84	0·89
	40—	.....	1·14	0·54	0·14	0·12	1·28	0·66	0·96
	45—	.....	1·26	0·43	0·10	0·19	1·36	0·62	0·97
	50—	.....	1·43	0·40	0·06	0·11	1·49	0·51	0·97
55—	.....	1·57	0·35	0·11	0·12	1·68	0·47	1·03	
60—	.....	1·60	0·41	0·12	0·08	1·72	0·49	1·04	
65+	.....	0·90	0·34	0·06	0·10	0·96	0·44	0·67	

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report (Ages).

TABLE VII

Number of cases of tuberculosis notified during the year 1957 analysed by areas, classification and sex with corresponding rates per 1,000 of the population in italics.

AREA	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
Belfast County Borough	233 <i>1.11</i>	160 <i>0.68</i>	25 <i>0.12</i>	42 <i>0.18</i>	258 <i>1.23</i>	202 <i>0.86</i>	460 <i>1.04</i>
Londonderry Co. Borough	37 <i>1.59</i>	23 <i>0.86</i>	2 <i>0.08</i>	5 <i>0.19</i>	39 <i>1.67</i>	28 <i>1.05</i>	67 <i>1.34</i>
County Antrim	57 <i>0.51</i>	60 <i>0.50</i>	14 <i>0.12</i>	10 <i>0.08</i>	71 <i>0.63</i>	70 <i>0.58</i>	141 <i>0.61</i>
County Armagh	39 <i>0.69</i>	26 <i>0.45</i>	6 <i>0.11</i>	11 <i>0.19</i>	45 <i>0.80</i>	37 <i>0.64</i>	82 <i>0.72</i>
County Down	90 <i>0.76</i>	76 <i>0.62</i>	10 <i>0.08</i>	13 <i>0.10</i>	100 <i>0.84</i>	89 <i>0.72</i>	189 <i>0.78</i>
Co. Fermanagh	24 <i>0.87</i>	21 <i>0.83</i>	9 <i>0.32</i>	9 <i>0.36</i>	33 <i>1.19</i>	30 <i>1.19</i>	63 <i>1.19</i>
Co. Londonderry (excluding Co. Borough)	27 <i>0.51</i>	27 <i>0.52</i>	4 <i>0.07</i>	5 <i>0.09</i>	31 <i>0.58</i>	32 <i>0.61</i>	63 <i>0.60</i>
County Tyrone	48 <i>0.71</i>	25 <i>0.39</i>	5 <i>0.07</i>	11 <i>0.17</i>	53 <i>0.78</i>	36 <i>0.56</i>	89 <i>0.67</i>
Total for N. Ireland	555 <i>0.83</i>	418 <i>0.59</i>	75 <i>0.11</i>	106 <i>0.15</i>	630 <i>0.94</i>	524 <i>0.74</i>	1,154 <i>0.83</i>
Home address outside N. Ireland	1	—	—	—	1	—	1
Total new cases notified	556	418	75	106	631	524	1,155

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report.

TABLE VIII

Number of cases of tuberculosis notified in the County Borough of Belfast during 1957 analysed by wards, classification and sex with corresponding rates per 1,000 of the population in italics.

WARD	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
Clifton	25 1·04	20 0·73	2 0·08	4 0·15	27 1·12	24 0·88	51 0·99
Court	13 1·56	8 0·93	1 0·12	1 0·11	14 1·68	9 1·04	23 1·36
Cromac	9 0·86	9 0·72	1 0·10	2 0·16	10 0·96	11 0·88	21 0·92
Dock	10 1·44	9 1·16	— —	1 0·13	10 1·44	10 1·29	20 1·36
Duncairn	19 1·09	11 0·58	1 0·06	4 0·21	20 1·15	15 0·79	35 0·97
Falls	26 1·67	23 1·31	12 0·13	6 0·34	28 1·80	29 1·65	57 1·72
Ormeau	21 1·00	8 0·33	4 0·19	8 0·33	25 1·19	16 0·66	41 0·91
Pottinger	17 0·77	15 0·62	3 0·14	3 0·12	20 0·91	18 0·74	38 0·83
St. Anne's	24 1·62	13 0·81	1 0·07	1 0·06	25 1·69	14 0·87	39 1·26
St. George's	6 0·86	4 0·51	1 0·14	— —	7 1·00	4 0·51	11 0·74
Shankill	13 0·86	9 0·54	1 0·07	3 0·18	14 0·93	12 0·72	26 0·82
Smithfield	9 1·79	12 2·18	2 0·40	— —	11 2·19	12 2·18	23 2·18
Victoria	15 0·82	6 0·32	3 0·17	5 0·27	18 0·99	11 0·59	29 0·78
Windsor	13 1·10	8 0·52	2 0·17	3 0·20	15 1·27	11 0·72	26 0·96
Woodvale	13 1·07	5 0·38	1 0·08	1 0·08	14 1·15	6 0·46	20 0·79
TOTAL	233 1·11	160 0·68	25 0·12	42 0·18	258 1·23	202 0·86	460 1·04

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report.

TABLE IX

Number of persons examined at Chest Clinics during the year 1957 analysed by area, classification and sex

AREA	Attendance of Old Patients														Cases examined for the first time																Total Clinic Attend- ances	Domiciliary Consul- tations
	Re-examinations								Patients diagnosed tuberculous on re-examin- ation		Attend- ance for other purposes		Grand Total		Non-contacts								Contacts									
	Tuberculous		Non- Tuberculous		Observation		Total								Tuberculous		Non- tuberculous		Observation		Total		Tuberculous		Non- tuberculous		Observation		Total			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
1A	1,759	1,747	1,636	1,978	1,059	963	4,454	4,688	40	28	802	762	5,296	5,478	26	27	274	341	330	268	630	636	2	2	265	356	28	23	295	381	12,716	5
1B	2,249	2,172	1,792	1,881	989	929	5,030	4,982	33	39	131	108	5,194	5,129	33	27	662	947	265	218	960	1,192	1	1	280	309	14	14	295	324	13,094	45
1C	2,125	2,046	1,792	1,401	914	859	4,218	4,306	32	25	478	392	4,728	4,723	86	72	360	373	487	380	933	825	9	5	449	466	47	55	505	526	12,240	33
2	2,218	2,185	172	227	1,581	1,683	3,971	4,095	35	37	44	80	4,050	4,212	55	44	1,014	1,324	449	380	1,518	1,748	3	3	235	308	116	138	354	449	12,331	14
3	922	811	568	513	180	205	1,670	1,529	30	19	51	20	1,751	1,568	21	27	912	807	91	70	1,024	904	—	—	192	237	4	4	196	241	5,684	13
4	1,867	2,196	2,078	2,436	734	729	4,679	5,361	41	38	60	200	4,780	5,599	29	17	1,437	2,013	210	231	1,676	2,261	1	1	281	313	20	10	302	324	14,942	76
Orthopaedic	180	184	—	—	—	—	180	184	—	—	—	—	180	184	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	366	—
TOTAL	11,320	11,341	7,425	8,436	5,457	5,368	24,202	25,145	211	186	1,566	1,562	25,979	26,893	250	214	4,660	5,806	1,832	1,547	6,742	7,567	16	12	1,702	1,989	229	244	1,947	2,245	71,373	186
	22,661		15,861		10,825		49,347		397		3,128		52,872		464		10,466		3,379		14,309		28		3,691		473		4,192			

TABLE X
Analysis of New Contacts examined during the year 1957 with comparative figures for the years 1953-1956

Year	Total number of contacts examined			Number of contacts found tuberculous			Percentage tuberculous		
	M	F	Total	M	F	Total	M	F	Total
1953	2,693	3,228	5,921	71	90	161	2.6	2.8	2.7
1954	2,888	3,325	6,213	43	49	92	1.5	1.5	1.5
1955	2,460	2,951	5,411	28	36	64	1.1	1.2	1.2
1956	2,078	2,673	4,751	13	18	31	0.6	0.7	0.7
1957	1,947	2,245	4,192	16	12	28	0.8	0.5	0.7

TABLE XI

Summary of position after a period of six months in regard to the examination of contacts of new cases notified from January till September in the years 1955-1957

(a) 1955

Area	Number of cases notified	Number not visited for special reasons	Number for whom information was not received	Number followed up for contacts	Total number of contacts				Number examined after 6 months				Number outstanding after 6 months				Percentage outstanding
					M	F	C	Total	M	F	C	Total	M	F	C	Total	
1A	161	1	1	159	175	237	174	586	134	201	165	500	41	36	9	86	14.68
1B	161	4	—	157	187	215	215	617	150	187	205	542	37	28	10	75	12.16
1C	217	12	—	205	260	284	279	823	210	226	270	706	50	58	9	117	14.22
2	216	8	1	207	277	279	304	860	224	242	299	765	53	37	5	95	11.05
3	109	7	1	101	140	144	200	484	109	119	184	412	31	25	16	72	14.88
4	166	—	—	166	229	264	280	773	166	216	260	642	63	48	20	131	16.95
Total	1,030	32	3	995	1,268	1,423	1,452	4,143	993	1,191	1,383	3,567	275	232	69	576	13.90

(b) 1956

1A	171	4	1	166	200	241	169	610	166	203	159	528	34	38	10	82	13.44
1B	166	4	1	161	201	248	219	668	168	213	213	594	33	35	6	74	11.08
1C	191	11	—	180	213	246	237	696	178	206	232	616	35	40	5	80	11.49
2	203	9	—	194	206	235	264	705	181	204	249	634	25	31	15	71	10.07
3	106	3	2	101	139	141	196	476	120	129	196	445	19	12	—	31	6.51
4	144	1	1	142	199	219	188	606	172	194	186	552	27	25	2	54	8.91
Total	981	32	5	944	1,158	1,330	1,273	3,761	985	1,149	1,235	3,369	173	181	38	392	10.42

(c) 1957

1A	139	7	—	132	136	152	145	433	104	124	133	361	32	28	12	72	16.63
1B	137	3	—	134	137	157	153	447	125	138	152	415	12	19	1	32	7.16
1C	213	13	—	200	208	276	360	844	171	221	350	742	37	55	10	102	12.09
2	186	10	1	175	213	255	230	698	186	234	220	640	27	21	10	58	8.31
3	112	8	—	104	144	164	155	463	123	146	153	422	21	18	2	41	8.86
4	128	3	2	123	155	200	230	585	115	166	219	500	40	34	11	85	14.53
Total	915	44	3	868	993	1,204	1,273	3,470	824	1,029	1,227	3,080	169	175	46	390	11.24

TABLE XII

Number of X-ray examinations carried out at Chest Clinics during the year 1957, analysed by areas

Area	Number of X-ray examinations
1A	12,322
1B	14,306
1C	12,062
2	13,820
3	6,278
4	17,671
Total	76,459

TABLE XIII

Comparative analysis of the number of X-ray examinations carried out at Chest Clinics during the years 1953-1957

Year	Total number of X-ray examinations
1953	57,786
1954	62,388
1955	74,847
1956	75,951
1957	76,459
Total for 5 years 1953-1957	347,431

TABLE XIV

A.P. and P.P. treatment carried out at Chest Clinics during the year 1957 analysed by areas

Treatment	AREA						Total
	1A	1B	1C	2	3	4	
A.P. Refills	23	224	79	50	497	238	1,111
P.P. Refills	69	819	3	197	136	371	1,595
Number of patients receiving A.P. or P.P. treatment at end of year	2	23	2	—	8	38	73

TABLE XV

Comparative analysis of the number of patients receiving A.P. or P.P. treatment at Chest Clinics at the end of each year for the years 1953-1957

Year	AREA						Total
	1A	1B	1C	2	3	4	
1953	71	75	21	77	79	137	460
1954	48	76	25	74	100	112	435
1955	15	59	14	45	66	116	315
1956	6	34	6	24	42	73	185
1957	2	23	2	—	8	38	73

TABLE XVI (a)
Number of visits made by Health Visitors during the year 1957 analysed by areas with corresponding figures for the year 1956

Area	TYPE OF VISIT									Total
	New cases	Contacts	Tuberculin testing	BCG	Non-respiratory cases	Observation cases	Monthly	Quarterly	Yearly	Other
1A	167	431	290	88	150	283	2,583	3,640	685	2,858
1B	193	400	745	223	202	199	2,417	8,174	1,014	1,582
1C	300	338	563	197	107	192	4,127	6,339	161	2,197
2	296	726	1,203	531	483	441	3,255	1,909	577	1,606
3	128	210	688	18	390	174	1,448	1,454	446	995
4	151	257	497	5	126	67	2,441	1,826	325	864
Total for 1957	1,235	2,362	3,986	1,062	1,458	1,356	16,271	23,342	3,208	10,102
Total for 1956	1,378	3,469	3,648	1,104	1,403	1,383	16,889	22,735	3,113	11,057
										64,382
										66,179

TABLE XVI (b)
Percentage analysis of visits made by Health Visitors during the year 1957 with corresponding figures for the year 1956

Area	TYPE OF VISIT									Total
	New cases	Contacts	Tuberculin testing	BCG	Non-respiratory cases	Observation cases	Monthly	Quarterly	Yearly	Other
1A	1.49	3.86	2.60	0.79	1.34	2.53	23.11	32.57	6.13	25.58
1B	1.28	2.64	4.92	1.47	1.33	1.31	15.96	53.96	6.69	10.44
1C	2.06	2.33	3.88	1.36	0.74	1.32	28.42	43.65	1.11	15.13
2	2.69	6.58	10.91	4.82	4.38	4.00	29.52	17.31	5.23	14.56
3	2.15	3.53	11.56	0.30	6.55	2.93	24.33	24.43	7.50	16.72
4	2.30	3.92	7.58	0.08	1.92	1.02	37.22	27.84	4.95	13.17
1957	1.92	3.67	6.19	1.65	2.26	2.11	25.27	36.26	4.98	15.69
1956	2.08	5.24	5.51	1.67	2.12	2.09	25.52	34.36	4.70	16.71
										100.00
										100.00

TABLE XVII

Comparative analysis of the number of visits made by Health Visitors during the years 1953—1957

Year	Total number of visits
1953	66,277
1954	65,328
1955	68,068
1956	66,179
1957	64,382
Total for five years 1953—1957	330,234
Average for five years 1953—1957	66,047

TABLE XVIII

Comparative analysis of the number of patients supplied with Home Helps during the years 1953—1957

Year	AREA								Total
	Belfast Co. Boro'	London- derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London- derry County	Tyrone County	
1953	135	22	40	13	37	4	10	4	265
1954	121	29	42	13	33	7	12	10	267
1955	129	27	47	9	36	4	13	7	272
1956	116	18	51	13	31	2	7	7	245
1957	121	13	44	13	21	2	7	4	225

TABLE XIX

Comparative analysis of the number of Home Helps in employment at 31st December, each year for the years 1953—1957

Year	AREA								Total
	Belfast Co. Boro'	London- derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London- derry County	Tyrone County	
1953	72	14	23	8	16	2	6	2	143
1954	63	14	24	5	17	1	7	2	133
1955	51	16	26	4	18	1	3	4	123
1956	64	6	25	6	10	2	4	3	120
1957	70	8	22	8	9	—	6	1	124

TABLE XX

Analysis of the number of Home Helps terminated during 1957, showing the average length of stay

Area	Number terminated	Total length of stay (in weeks)	Average length of stay (in weeks)
Belfast County Borough	51	2,079	40·8
L'derry County Borough	5	350	70·0
Antrim County	22	1,098	49·9
Armagh County	5	189	37·8
Down County	12	651	54·2
Fermanagh County	2	141	70·5
Londonderry County	1	78	78·0
Tyrone County	3	200	66·6
TOTAL	101	4,786	47·4

TABLE XXI

Number of patients in receipt of Free Milk at 31st December, 1957, analysed by areas

Area	Number of patients in receipt of free milk at 31/12/57
1A	149
1B	235
1C	414
2	209
3	135
4	99
TOTAL	1,241

TABLE XXII

Comparative analysis of the number of patients in receipt of Free Milk at 31st December each year, for the years 1953-1957

Date	Number of patients in receipt of free milk
31/12/53	1,390
31/12/54	1,398
31/12/55	1,391
31/12/56	1,216
31/12/57	1,241

TABLE XXIII

Number of patients in receipt of Bed and Bedding at 31st December, 1957, analysed by areas

Area	Number of patients in receipt of bed and bedding at 31/12/57
1A	116
1B	74
1C	146
2	136
3	68
4	64
TOTAL	604

TABLE XXIV

Analysis of issues made under the Bed and Bedding scheme during the year 1957

Items	AREA						Total
	1A	1B	1C	2	3	4	
Beds	8	3	13	8	6	2	40
Mattresses	8	4	16	8	7	2	45
Mattress covers	10	4	17	8	6	2	47
Pillows	16	—	20	—	10	2	48
Pillow cases	18	2	22	—	11	2	55
Sheets	30	12	47	23	16	4	132
Blankets	63	20	88	40	37	8	256
Rubber sheets	1	—	1	—	—	—	2
Dunlopillo mattresses	2	—	1	—	—	—	3
Fracture boards	—	—	1	—	—	—	1

TABLE XXV

Comparative analysis of the number of patients in receipt of Bed and Bedding at 31st December each year, for the years 1953–1957

Date	Number of patients in receipt of bed and bedding
31/12/53	1,023
31/12/54	921
31/12/55	764
31/12/56	665
31/12/57	604

TABLE XXVI

Number of patients in receipt of Chalets at 31st December, 1957, analysed by areas

Area	Number of patients in receipt of chalets at 31/12/57
1A	7
1B	6
1C	1
2	16
3	9
4	10
TOTAL	49

TABLE XXVII

Comparative analysis of the number of patients in receipt of Chalets at 31st December each year for the years 1953—1957

Date	Number of patients in receipt of chalets
31/12/53	103
31/12/54	87
31/12/55	74
31/12/56	63
31/12/57	49

TABLE XVIII

Analysis of the number of patients in hospital at 1st January, 1957, the number of admissions, discharges and deaths during the year and the number of patients in hospital at 31st December, 1957

Name of hospital	Number of patients				
	In hospital 1 1 57	Admitted during 1957	Discharged during 1957	Died during 1957	In hospital 31 12 57
Armagh Chest Hospital	25	8	33	—	—
*Belfast City Hospital	45	86	121	10	—
Crawfordsburn Hospital	79	113	110	—	82
Downpatrick Chest Hospital	51	11	62	—	—
Dungannon Chest Hospital	42	161	145	11	47
*Forster Green Hospital	173	278	273	10	168
Killadeas Hospital	25	115	109	4	27
Londonderry Chest Hospital	198	320	373	16	129
Moira Chest Hospital	—	142	86	2	54
*Musgrave Park Hospital (Respiratory Section)	238	409	425	30	192
The Orthopaedic Hospital, Greenisland	63	125	101	—	87
Whiteabbey Hospital	316	484	500	23	277
TOTAL	1,255	2,252	2,338	106	1,063

In addition there were 5 patients admitted to Belfast City Hospital, 1 to Whiteabbey Hospital, 3 to Forster Green Hospital, 1 to Dungannon Chest Hospital and 2 to Musgrave Park Hospital who were discharged within 28 days of admission.

* Indicates hospitals administered by the Northern Ireland Hospitals Authority. The above figures of admissions, etc., will also be shown in the report of that Authority.

TABLE XXIX

Analysis of the immediate results of treatment of all suspected and definitely tuberculous patients treated to a conclusion during the year 1957 in Armagh Chest Hospital, Belfast City Hospital, Crawfordsburn Hospital, Dungannon Chest Hospital, Downpatrick Chest Hospital, Forster Green Hospital, Killadeas Hospital, Londonderry Chest Hospital, Moira Chest Hospital, Musgrave Park Hospital (Respiratory Section), The Orthopaedic Hospital and Whiteabbey Hospital.

Classification on admission	Condition at time of discharge	DURATION OF RESIDENTIAL TREATMENT												Grand Total						
		Under 1 month		1-3 months		3-6 months		6-12 months		More than 12 months		Totals								
		M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch		M	F	Ch			
OBSERVATION	Observation	31	21	8	37	14	19	13	7	33	4	2	54	—	—	34	85	44	148	277
	Non-Tub.	57	34	4	52	20	5	16	5	1	1	2	2	—	—	1	126	61	13	200
	Died	10	3	—	5	1	—	1	—	—	—	—	—	—	—	—	16	4	—	20
	Tub.	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	5	7	3	15
	Quiescent	—	—	—	—	1	—	1	1	—	3	3	1	—	—	—	3	4	—	7
	Not Quiescent	—	1	—	1	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—
Totals	Died in hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(Observation)	98	59	12	95	38	24	32	13	34	9	8	57	1	2	37	235	120	164	519
CLASS A Group 1	Quiescent	2	3	—	7	9	—	23	17	1	37	48	16	8	11	4	77	88	21	186
	Not Quiescent	1	2	—	18	9	1	15	12	1	9	19	1	—	1	—	43	43	3	89
CLASS A Group 2	Died in hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Quiescent	—	1	—	10	1	—	14	8	1	26	24	7	9	5	2	59	39	10	108
CLASS A Group 3	Not Quiescent	8	4	—	15	15	—	17	15	—	20	13	—	4	7	—	64	54	—	118
	Died in hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory Tuberculosis	Quiescent	1	—	—	2	1	—	1	2	—	7	4	1	1	4	2	12	11	3	26
	Not Quiescent	3	1	—	7	2	—	4	—	—	7	2	—	—	1	—	21	6	—	27
Respiratory Tuberculosis	Died in hospital	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	1	—	3
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Respiratory Tuberculosis

Respiratory Tuberculosis	CLASS B Group 1	Quiescent Not Quiescent Died in hospital	— 1 — 9 5 — 1 1 —	4 1 — 11 11 1 — — —	7 5 1 20 14 — 1 — —	25 32 3 8 9 — 2 — —	6 13 1 3 2 — — — —	42 52 5 51 41 1 4 1 —	99 93 5
	CLASS B Group 2	Quiescent Not Quiescent Died in hospital	7 2 — 24 12 — 5 4 —	24 9 — 67 22 — 2 2 —	33 20 — 78 24 — 3 — —	78 40 1 47 32 1 — 1 —	70 41 2 30 23 1 4 — —	212 112 3 246 113 2 14 7 —	327 361 21
	CLASS B Group 3	Quiescent Not Quiescent Died in hospital	— 2 — 22 10 — 16 8 —	7 1 — 29 9 — 7 2 —	7 5 — 33 9 — 9 3 —	29 8 1 36 13 — 6 1 —	21 13 1 21 16 1 5 — —	64 29 2 141 57 1 43 14 —	95 199 57
	TOTALS	(Respiratory)	101 56 —	210 94 2	265 135 4	337 246 31	182 137 14	1095 668 51	1,814
Non-respiratory Tuberculosis	Bones and Joints	Quiescent Not Quiescent Died in hospital	— — — — 2 1 — — — —	— — — 1 3 3 — — — —	1 1 — 2 2 3 — — — —	— — — 1 2 7 — — — —	— 6 — — 14 — — — —	1 2 7 4 9 28 — — —	10 41 —
	Abdominal	Quiescent Not Quiescent Died in hospital	— — — — — — — — —	— 1 — — 1 — — — —	— — — — 2 — — — —	2 — — — — — — — —	— — — — 1 — — — —	2 1 — — 4 — — — —	3 4 —
	Other Organs	Quiescent Not Quiescent Died in hospital	— 1 — 2 — — — — —	— 2 — 3 — — — — —	1 3 2 3 3 — — — —	2 6 4 — 1 — — — —	1 1 2 1 — — — — —	4 13 8 9 4 — — — —	25 13 —
	Peripheral Glands	Quiescent Not Quiescent Died in hospital	— — — — 1 — — — —	— 2 — — 3 1 — — — —	— 1 — — 4 — — — —	— — — — — — — — —	— 1 — — — — — — —	— 3 3 — 8 1 — — —	6 9 —
	TOTALS	(Non-respiratory)	2 4 1	4 12 4	7 16 5	5 9 14	2 3 23	20 44 47	111

TABLE XXX

Analysis of average length of stay of patients in hospital who were treated to a conclusion during the year 1957

Name of hospital	Total bed days of patients treated to a conclusion during 1957	Number of patients discharged during 1957	Number of deaths in hospital during 1957	Average length of stay in hospital (in days)
Armagh Chest Hospital	7,292	33	—	220·97
Belfast City Hospital	15,361	121	10	117·26
Crawfordsburn Hospital	31,090	110	—	282·64
Downpatrick Chest Hospital	14,001	62	—	225·82
Dungannon Chest Hospital:				
Respiratory	16,873	125	8	126·86
Observation	869	20	3	37·78
Forster Green Hospital	67,531	273	10	238·63
Killadeas Hospital:				
Respiratory	8,339	73	4	108·30
Observation	1,466	23	—	63·74
Non-respiratory	1,131	13	—	87·00
Londonderry Chest Hospital:				
Respiratory	78,303	281	14	265·43
Observation	3,079	92	2	32·76
Moir Chest Hospital	8,476	86	2	96·32
Musgrave Park Hospital:				
Respiratory	91,891	344	23	250·38
Non-respiratory	932	6	—	155·33
Observation	4,653	75	7	56·74
The Orthopaedic Hospital:				
Non-respiratory	30,768	40	—	769·20
Non-tuberculous	15,446	61	—	253·21
Whiteabbey Hospital:				
Respiratory	113,698	391	15	280·04
Non-respiratory	6,686	28	—	238·79
Observation	5,203	81	8	58·46

Average length of stay:—Respiratory case 228·14
 Non-respiratory case 454·22
 Observation case 49·10
 Non-tuberculous case 253·21

TABLE XXXI

Analysis of X-ray examinations carried out on patients in hospital during the year 1957

X-ray examination	Armagh Chest Hospital	Craw- fords- burn Hospital	Down- patrick Chest Hospital	Dun- gannon Chest Hospital	Killadeas Hospital	Moirs Chest Hospital	Musgrave Park Hospital	The Ortho- paedic Hospital	London- derry Chest Hospital	White- abbey Hospital	Total
Abdominal	—	8	—	5	—	1	18	—	6	31	69
Barium examination	—	—	—	1	8	—	42	—	—	26	77
Bronchograms	—	—	—	1	28	—	8	—	17	79	133
Cholecystograms	—	—	—	—	—	—	2	—	—	—	2
Dental	—	—	—	—	—	—	14	—	—	7	21
Intravenous Pyelograms	—	—	—	—	—	—	10	—	—	50	60
Pelvis	—	—	—	4	—	—	—	—	—	1	5
Portable	—	—	—	—	—	—	—	—	3	445	448
Pulmonary	61	1,576	64	491	347	182	1,668	260	1,337	2,860	8,846
Sinograms	—	4	—	—	—	—	8	—	4	18	34
Skeletal	1	38	—	20	—	1	109	466	40	162	837
Skull	—	2	—	—	—	—	1	—	—	8	11
Tomographic	78	—	57	378	147	158	981	—	525	2,535	4,859
Other	—	—	—	3	—	1	15	—	—	515	534

TABLE XXXII

Summary of surgical treatment carried out on patients in hospital during the year 1957

Surgical treatment	Armagh Chest Hospital	Dungannon Chest Hospital	Killadeas Hospital	London- derry Chest Hospital	Moirs Chest Hospital	Musgrave Park Hospital	Whiteabbey Hospital	Total
A.P. Inductions (successful)	—	1	2	—	—	—	—	3
A.P. Refills	—	29	48	—	—	14	—	91
P.P. Refills	23	12	80	8	10	12	74	219
P.P. Inductions	—	—	4	2	—	—	5	11
Aspiration of tuberculous glands	—	—	6	—	—	—	—	6
Bronchogram	—	—	—	17	—	11	18	46
Bronchoscopy	—	6	—	73	—	87	154	320
Chest Aspirations	—	53	31	32	1	—	78	195
Decortication	—	—	—	—	—	2	3	5
Lobectomy	—	—	—	—	—	15	38	53
Phrenic Nerve operation	—	—	—	—	—	—	2	2
Pneumonectomy	—	—	—	—	—	6	4	10
Pneumonolysis	—	—	—	—	—	—	—	1
Resection : Segmental Wedge	—	1	—	—	—	11	27	38
Thoracoplasty	—	—	—	—	—	—	8	8
Thoracoscopy	—	—	—	—	—	35	89	124
Thoracotomy	—	—	—	—	—	—	3	3
Other Surgery	—	—	5	2	—	5	5	10
						28	17	52

TABLE XXXIII
Composite Waiting List for year 1957

Total number on waiting list at 1st January, 1957	.....	26
Add: New cases placed on waiting list	.....	479
		505
Deduct: Cases admitted to hospital	.....	435
Deaths of patients on waiting list	.....	3
Patients refusing hospital treatment	.....	34
Cases removed for other reasons	.....	10
		482
Total number on waiting list at 31st December, 1957	.....	23

TABLE XXXIV
Distribution, according to agencies, of persons vaccinated with BCG, persons not vaccinated and persons found to react during the year 1957

Agencies	Number of candidates	Number found to react	Number refusing vaccination	Number lost sight of	Number vaccinated	Percentage vaccinated
Antrim County Health Committee	3,140	391	—	1	2,748	87·54
Armagh County Health Committee	1,810	140	1	—	1,669	92·21
Belfast County Borough Health Committee	5,350	1,267	—	2	4,081	76·32
Down County Health Committee	4,498	483	—	—	4,015	89·26
Fermanagh County Health Committee	510	—	—	—	510	100·00
Northern Ireland Hospitals Authority:						
Belfast City Hospital	262	—	—	2	260	100·00
Malone Place Hospital	623	—	—	—	623	100·00
Northern Ireland Fever Hospital	1	—	—	—	1	100·00
Royal Belfast Hospital for Sick Children	558	19	—	—	539	96·59
Royal Maternity Hospital	2,014	—	—	—	2,014	100·00
Northern Ireland Tuberculosis Authority	10,899	1,766	6	16	9,111	83·74
The Queen's University of Belfast	314	237	—	—	77	24·52
Others	2	—	—	—	2	100·00
TOTAL	29,981	4,303	7	21	25,650	85·62

TABLE XXXV

Age distribution of persons vaccinated with BCG, persons not vaccinated and persons found to react during the year 1957

Age Groups (in years)	Number of candidates	Number found to react	Number refusing vaccination	Number lost sight of	Number vaccinated	Percentage vaccinated
Under 1	11,540	7	2	11	11,520	99.92
1—	512	6	—	1	505	98.83
2—	529	20	—	—	509	96.22
3—	505	20	—	2	483	96.04
4—	662	27	—	—	635	95.92
5—	4,886	513	1	2	4,370	89.48
10—	8,617	2,169	1	4	6,443	74.81
15—	1,774	848	—	1	925	52.20
20—	447	255	2	—	190	42.51
25—	177	142	1	—	34	19.21
30—	88	75	—	—	13	14.77
35—	72	69	—	—	3	4.17
40—	57	56	—	—	1	1.75
45—	42	40	—	—	2	4.76
50—	26	26	—	—	—	—
55—	17	17	—	—	—	—
60—	7	7	—	—	—	—
65+	4	4	—	—	—	—
Not stated	19	2	—	—	17	—
TOTAL	29,981	4,303	7	21	25,650	85.62

TABLE XXXVI

Total number of persons X-rayed by Mass Radiography during the year 1957 analysed according to results of examination
(percentage in italics)

MALES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS									
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total	Other Abnor- malities	Normal	Total	
	Active	Inactive								
0— %	1 0.01	3 0.04	— —	2 0.03	503 6.66	509 6.74	235 3.11	6,809 90.15	7,553 100.00	
15— %	32 0.17	30 0.16	3 0.02	4 0.02	1,110 5.85	1,179 6.22	793 4.18	16,991 89.60	18,963 100.00	
25— %	34 0.27	162 1.31	— —	2 0.02	661 5.32	859 6.92	744 5.99	10,817 87.09	12,420 100.00	
35— %	26 0.27	164 1.71	— —	— —	613 6.40	803 8.38	944 9.85	7,835 81.77	9,582 100.00	
45— %	36 0.41	233 2.66	1 0.01	1 0.01	596 6.81	867 9.90	1,853 21.17	6,033 68.93	8,753 100.00	
60+ %	10 0.44	95 4.17	— —	— —	176 7.73	281 12.34	993 43.61	1,003 44.05	2,277 100.00	
Not stated	—	—	—	—	—	—	—	4	4	
TOTAL %	139 0.23	687 1.15	4 0.01	9 0.02	3,659 6.14	4,498 7.55	5,562 9.34	49,492 83.11	59,552 100.00	

NOTE:—An additional 451 male persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XXXVI—Continued

FEMALES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS						Total	Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary					
	Active	Inactive								
0— %	2 0.03	6 0.09	1 0.01	3 0.04	355 5.04	367 5.21	220 3.12	6,463 91.67	7,050 100.00	
15— %	43 0.19	75 0.32	2 0.01	10 0.04	1,138 4.86	1,268 5.42	846 3.61	21,293 90.97	23,407 100.00	
25— %	47 0.42	131 1.18	3 0.03	1 0.01	577 5.19	759 6.83	637 5.72	9,731 87.45	11,127 100.00	
35— %	16 0.23	163 2.29	1 0.01	— —	476 6.69	656 9.22	683 9.60	5,774 81.18	7,113 100.00	
45— %	8 0.12	161 2.38	— —	— —	471 6.98	640 9.48	1,318 19.53	4,792 70.99	6,750 100.00	
60+ %	5 0.29	72 4.16	2 0.12	— —	150 8.67	229 13.24	697 40.31	803 46.45	1,739 100.00	
Not stated	—	—	—	—	—	—	2	8	10	
TOTAL %	121 0.21	608 1.06	9 0.02	14 0.02	3,167 5.54	3,919 6.85	4,403 7.70	48,864 85.45	57,186 100.00	

NOTE:—An additional 352 female persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XXXVI—Continued

BOTH SEXES									
DIAGNOSIS									
Age Groups (in years)	TUBERCULOSIS						Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total			
	Active	Inactive							
0— %	3 0.02	9 0.06	1 0.01	5 0.03	858 5.88	876 6.00	455 3.12	13,272 90.88	14,603 100.00
15— %	75 0.18	105 0.25	5 0.01	14 0.03	2,248 5.31	2,447 5.78	1,639 3.87	38,284 90.35	42,370 100.00
25— %	81 0.34	293 1.25	3 0.01	3 0.01	1,238 5.26	1,618 6.87	1,381 5.87	20,548 87.26	23,547 100.00
35— %	42 0.25	327 1.96	1 0.01	— —	1,089 6.52	1,459 8.74	1,627 9.75	13,609 81.51	16,695 100.00
45— %	44 0.28	394 2.54	1 0.01	1 0.01	1,067 6.88	1,507 9.72	3,171 20.45	10,825 69.83	15,503 100.00
60+ %	15 0.37	167 4.17	2 0.05	— —	326 8.14	510 12.73	1,690 42.19	1,806 45.08	4,006 100.00
Not stated	—	—	—	—	—	—	2	12	14
TOTAL %	260 0.22	1,295 1.11	13 0.01	23 0.02	6,826 5.85	8,417 7.21	9,965 8.54	98,356 84.25	116,738 100.00

NOTE:—An additional 803 persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XXXVII

Details of Laboratory Work carried out during the year 1957

CENTRAL LABORATORY, WHITEABBEY HOSPITAL

Bacteriology		Biochemistry— <i>continued</i>	
Ear, Nose and Throat Swabs	80	Fractional test meal	2
Ear swabs for T.B.	26	Occult blood	20
Sputum for T.B. direct examination	16,328	Urine	1,117
Sputum for T.B. culture	9,678	Milk phosphatase	240
Sputum for pyogenic organisms	556	C.S.F. protein	663
Sputum for asbestosis, fungi and spirilla, etc.	79	C.S.F. chloride	477
Sputum for cells, etc.	357	C.S.F. sugar	567
Laryngeal swabs for T.B. culture	33	Alkaline phosphatase	7
Bronchoscopy specimens for T.B. culture	34	Acid phosphatase	7
Fasting Gastric Residue for T.B. culture	3,934	Urine diatase	3
Blood culture	5	Blood diatase	3
Blood culture for transfusion blood	363	Blood seromycin	37
Faeces	39	Electrophoresis of blood proteins	68
Urine for T.B. direct examination	1,127	Haematology	
Urine for T.B. culture	1,127	Red cell count	95
Urine for pyogenic organisms	1,081	White cell count	754
Urine for cytology	1,153	Differential count	193
Pus for T.B. direct examination	195	Reticulocyte count	12
Pus for T.B. culture	195	Platelet count	10
Bone marrow culture and cells	65	Blood films (transfusion blood)	363
Glands for T.B. culture	7	Haemoglobin	755
Uterine curettings for T.B. culture	98	Fragility test	7
Resected lung specimen for T.B. direct examination	82	Erythrocyte sedimentation rate	119
Resected lung specimen for T.B. culture	82	Haematocrit estimation	9
<i>Exudates (pleural, synovial, ascitic, etc.):</i>		Prothrombin estimation	55
T.B. direct examination	204	Bleeding time	6
T.B. culture	224	Clotting time	6
Cytology	204	ABO blood-grouping	184
Pyogenic organisms	224	Rh typing	184
Antibiotic Sensitivity (other than anti-tuberculous drugs)	1,224	Crossmatching	363
Cultures for typing of tubercle bacilli	650	Coombs' crossmatching	55
Cultures for Sterilizing Efficiency Tests (Operating Theatre, etc)	350	Congo red absorption	4
<i>Cerebro-Spinal Fluid:</i>		Widal	6
Cytology	663	Thymol turbidity tests	20
T.B. culture	560	Paul Bunnell	6
Pyogenic organisms	92	Morbid Anatomy and Histology	
Parasites (skin and intestinal)	26	Autopsies	4
Animal inoculations	61	Biopsies	20
Preparation of tuberculin, etc.	240	Examination of resected lung specimens	82
Biochemistry		Specific Anti-Tuberculosis Therapy	
Blood calcium	6	<i>Cultures for sensitivity to Anti-tuberculosis Substances:</i>	
Blood chloride	8	(Streptomycin, Para-amino-salicylic acid and derivatives, Isonicotinic acid hydrazide and derivatives, pyrazinamide, seromycin.)	
Blood cholestrol	6	Sputum	9,956
Blood protein	68	Cerebro-spinal fluid	
Blood potassium	56	Gastric residue	
Blood sodium	56	Urine	
Blood sugar	418	Pus	
Blood urea	110	Exudates	
Blood bilirubin	12	Endometrium	
		Autopsy material	56,665
		Resected surgical material	
		Catalase Test for Isoniazid	
		<i>Total number of investigations:—</i>	

Other Items

Sterile solutions prepared	1,964	Sterile syringes issued	7,500
Needles, apparatus, etc., repaired	6,932	Streptomycin solutions prepared	480

LABORATORY—LONDONDERRY CHEST HOSPITAL

Bacteriology

Ear swabs for T.B.	4
Sputum for T.B. direct examination	4,836
Sputum for T.B. culture	1,412
Laryngeal swab for T.B. culture	4
Bronchoscopy specimen for T.B. culture	1
Fasting gastric residue for T.B. culture	191
Faeces for T.B. culture	5
Urine for T.B. direct examination	106
Urine for T.B. culture	34
Urine for pyogenic direct examination	90
Urine for Cytology	100
Pus for T.B. direct examination	48
Pus for T.B. culture	47
Pus for pyogenic organisms direct examination	20
Pleural fluid for T.B. direct examination	25
Pleural fluid for T.B. culture	19
Pleural fluid for cytology	19

Pleural fluid for pyogenic organisms direct examination

11

Biochemistry

Blood sugar	12
Fractional test meal	4
Urine	468

Haematology

Red cell count	212
White cell count	208
Differential count	119
Blood films	34
Haemoglobin	701
Erythrocyte sedimentation rate	2,079
Haematocrit estimation	5

Total number of investigations:— 10,814

Other Items

Needles, apparatus, etc., repaired	345
Sterile solutions, etc.	260
<i>Total of other items</i>	<i>605</i>

LABORATORY—DUNGANNON CHEST HOSPITAL

Bacteriology

Sputum for T.B. direct examination	1,400
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TABLE XXXVIII

Showing position regarding the X-ray of Teachers under the Teachers' Compulsory Absence and Special Sick Leave Regulations (Northern Ireland), 1954

Numbers of Teachers on register at 31/8/56	.....	.....	7,842
Number admitted to Scheme during year:			
New appointments	.....	.....	600
Re-appointments	.....	.....	31
			<hr/> 631
			8,473
Number removed from register during year	.....	.....	450
Number remaining on register at 31/8/57	.....	.....	<hr/>8,023
Analysis of those remaining on register at end of year:			
Number examined:			
(a) Normal	.....	.....	7,531
(b) Active Pulmonary Tuberculosis	.....	.....	10
(c) Inactive Pulmonary Tuberculosis	.....	.....	298
(d) Observation	.....	.....	4
			<hr/> 7,843
Number who failed to attend for examination during 1956/57	.....	.....	159
Examinations pending at 31/8/57	.....	.....	12
Transfers and new appointments received prior to 31/8/57 for whom X-ray examination could not be arranged before that date	.....	.....	9
			<hr/> 8,023

NOTES:

- (1) Of the 10 active cases of pulmonary tuberculosis shown on the return 2 were classified as such in the return for the previous year and 2 others previously known to the Authority as confirmed cases were classified as inactive in the previous year.
- (2) In addition three cases were notified as "active" during the year but the condition was considered "inactive" before the year end. Including these three cases a total of 9 teachers were found to be suffering from active pulmonary disease who were not previously known to the Authority as tuberculous patients. This is equivalent to a rate of 1.15 per 1,000 examinations compared with 1.7 per 1,000 in the previous school year, 1955/56, and 1.9 per 1,000 in the year 1954/55.

TABLE XXXIX

Analysis of Deaths from Tuberculosis during year 1957

Age groups	Tuberculosis of Respiratory System		Tuberculosis of Meninges and Central Nervous System		Tuberculosis of Intestines and Peritoneum and Mesenteric Glands		Tuberculosis of Bones and Joints		Tuberculosis all other Forms		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	1	—	—	—	—	—	—	—	1
1—	—	—	—	—	—	—	—	—	—	—	—	—
2—	—	—	2	—	—	—	—	—	2	—	—	—
3—	—	—	1	1	—	—	—	—	1	—	—	1
4—	—	—	—	—	—	—	—	—	—	—	—	—
5—	—	—	—	—	—	—	—	—	—	—	—	—
10—	—	—	—	—	—	—	—	—	—	—	—	—
15—	—	—	1	—	—	—	—	—	1	—	—	—
20—	—	—	—	—	—	—	—	—	—	—	—	—
25—	—	—	—	—	—	—	—	—	—	—	—	—
30—	2	—	—	—	—	—	1	—	2	1	—	—
35—	4	4	—	—	—	—	—	—	6	—	—	4
40—	5	6	—	—	—	—	—	—	5	—	—	6
45—	6	1	—	—	—	—	—	—	8	—	—	1
50—	9	3	1	—	1	—	—	—	12	1	—	4
55—	9	4	—	—	—	—	—	—	10	—	—	4
60—	20	6	—	1	—	—	2	—	22	—	—	7
65—	13	6	—	—	—	—	—	—	14	—	—	6
70—	11	5	—	—	—	—	—	1	12	—	—	6
75—	11	5	—	—	—	—	—	1	11	—	—	6
80—	10	2	1	—	—	—	—	—	11	—	—	2
85+	7	1	—	—	—	—	—	1	7	—	—	2
TOTAL	107	43	6	3	1	—	3	3	7	2	124	51

Figures kindly provided by the Registrar-General for Northern Ireland.

KEY

- AREA BOUNDARIES
- - - COUNTY BOUNDARIES WHERE DIFFERING FROM AREA BOUNDARIES



CHEST CLINICS



CHEST HOSPITALS

AREAS



Nº 1



Nº 2



Nº 3



Nº 4





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